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Fill in this information to identify your case:		A STANKEUP CT ST
United States Bankruptcy Court for the:		PHERN DISTRICT
Northern District of Georgia		2021 OCT -7 AMII: 19
Case number (If known):	Chapter you are filing under: ☑ Chapter 7	The state of the s
21-57519	☐ Chapter 11 ☐ Chapter 12 ☐ Chapter 13	Rahaw Surkineck if this is an amended filing

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

04/20

The Dankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a joint case—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses Debtor 1 and Debtor 2 to distinguish between them. In joint cases, one of the spouses must report information as Debtor 1 and the other as Debtor 2. The same person must be Debtor 1 in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pa	rt 1: Identify Yourself		
<i>*</i>		About Debtor 1;	About Debtor 2 (Spouse Only in a Joint Case):
1.	Your full name	्रमान्यसम्बद्धाः सम्बद्धाः स्थानिक देशायम् । (वर्षम्यम् स्थितः स्थाने स्थाने क्रिकेन क्षेत्रमान्यस्य स्थाने स् स्थानम्बद्धाः सम्बद्धाः सम्बद्धाः सम्बद्धाः सम्बद्धाः सम्बद्धाः सम्बद्धाः सम्बद्धाः सम्बद्धाः सम्बद्धाः सम्बद्ध	
	Write the name that is on your government-issued picture	BRITTNY	
	identification (for example, your driver's license or	First name	First name
	passport).	Middle name ROBINSON	Middle name
	Bring your picture identification to your meeting with the trustee.	Last name	Last name
	will the dustee.	Suffix (Sr., Jr., II, III)	Suffix (Sr., Jr., II, III)
2	All other names you	gweed to de indicate to the energy of experience consideration of address to introduce the construction of the energy of the ene	
۷.	have used in the last 8 years	First name	First name
	Include your married or maiden names.	Middle name	Middle name
Appendix Appendix		Last name	Last name
		First name	First name
		Middle name	Middle name
!		Last name	Last name
		E YARANGEN INTERPROMENTATION EN 1800 EN 180	
3.	Only the last 4 digits of	xxx - xx - 4027	xxx - xx
	your Social Security number or federal	OR OR	OR
1	Individual Taxpayer Identification number (ITIN)	9 xx - xx	9 xx - xx

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Debtor 1 BRITTNY First Name Middle Na	ROBINSON me Last Name	Case number (if known)
nam a distra y e pose restantes produceres (est e Policia asseré finales si mandiales	About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):
Any business names and Employer Identification Numbers (EIN) you have used in	I have not used any business names or EINs.	☐ I have not used any business names or EINs.
the last 8 years	Business name	Business name
Include trade names and doing business as names	Business name	Business name
	EIN	EIN
	EIN	EIN
5. Where you live	alam a senatat taran ta malamia sa sita se abar maka maka at arawa maka mana se taranak taran sa sasar din meta Taran	If Debtor 2 lives at a different address:
	3920 AUGUSTINE PLACE Number Street	Number Street
	REX GA 30273	City State ZIP Cod
	City State ZIP Code	City State ZIP Cod
	CLAYTON County	County
	If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address.	If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.
	Number Street	Number Street
•	P.O. Box	P.O. Box
	City State ZIP Code	City State ZIP Cod
. Why you are choosing	Check one:	Check one:
this district to file for bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any	Over the last 180 days before filing this petition,

other district.

0	I have another reason. Explain. (See 28 U.S.C. § 1408.)	
		_

other district.

_	I have another reason. Explain. (See 28 U.S.C. § 1408.)	

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Debtor 1

BRIT	TNY
Eirel Mamo	Middle Name

ROBINSON_

Case number (if known)______

Pa	rt 2: Tell the Court Abou	t Your Ba	ankrup	tcy Case						
7.	The chapter of the Bankruptcy Code you	Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box. Z Chapter 7								
	are choosing to file									
	under	☐ Chapter 11								
		☐ Chap	oter 12							
		☐ Chap	oter 13					•		
8.	How you will pay the fee	☐ I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address.								
								tion, sign and attach the		
		Appi	lication	for Individuals	to Pay The Fill	ng	ree in Installme	nts (Official Form 103A).		
		☐ I request that my fee be waived (You may request this option only if you are filing for Char By law, a judge may, but is not required to, waive your fee, and may do so only if your incor less than 150% of the official poverty line that applies to your family size and you are unable pay the fee in installments). If you choose this option, you must fill out the <i>Application to Ha Chapter 7 Filing Fee Waived</i> (Official Form 103B) and file it with your petition.								
9.	Have you filed for bankruptcy within the	☑ No								
	last 8 years?	☐ Yes.	District		W	en	MM / DD / YYYY	Case number		
			District		Wi	nen	MM / DD / YYYY	Case number		
			District		W	nen		Case number		
			District			1011	MM / DD / YYYY	Case number		
			i ii we s				as the secondary of the second			
10.	Are any bankruptcy cases pending or being	No No								
	filed by a spouse who is	Yes.						Relationship to you		
	you, or by a business partner, or by an affiliate?		District	<u> </u>	WI	nen	MM/DD/YYYY	Case number, if known		
			Debtor			_		Relationship to you		
			District		Wi	еп	MM / DD / YYYY	Case number, if known		
11.	Do you rent your residence?	☐ No. ☑ Yes.	Has you No	o. Go to line 12.	Statement About		gment against you Eviction Judgmen	? t Against You (Form 101A) and file it as		

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Debtor 1	BRITTNY First Name Middle Name	ROBINSON Last Name	Case number (if known)_	
Part 3:	Report About Any B	usinesses You Own as a Sole Prop	prietor	
12. Are you a sole proprietor of any full- or part-time business? A sole proprietorship is a		✓ No. Go to Part 4.✓ Yes. Name and location of business		
busine individ separa	ass you operate as an lual, and is not a ate legal entity such as oration, partnership, or	Name of business, if any Number Street		
sole p separa	have more than one roprietorship, use a ate sheet and attach it petition.	City	State	ZIP Code
		☐ Stockbroker (as defined in 1☐ Commodity Broker (as defin	efined in 11 U.S.C. § 101(27A)) s defined in 11 U.S.C. § 101(51B)) 1 U.S.C. § 101(53A))	J
13. Are you filing under Chapter 11 of the Bankruptcy Code, and are you a <i>small business debtor</i> or a debtor as defined by 11 U.S. C. § 1182(1)? For a definition of <i>small business debtor</i> , see 11 U.S.C. § 101(51D).		If you are filing under Chapter 11, the cochoosing to proceed under Subchapter 1 are a small business debtor or you are comost recent balance sheet, statement of if any of these documents do not exist, for No. I am not filing under Chapter 11 No. I am filing under Chapter 11, buthe Bankruptcy Code. ☐ Yes. I am filing under Chapter 11, I a	V so that it can set appropriate dea hoosing to proceed under Subchar operations, cash-flow statement, a bllow the procedure in 11 U.S.C. §	adlines. If you indicate that you apter V, you must attach your and federal income tax return or a 1116(1)(B). or according to the definition in

Code, and I do not choose to proceed under Subchapter V of Chapter 11.

Yes. I am filing under Chapter 11, I am a debtor according to the definition in § 1182(1) of the Bankruptcy Code, and I choose to proceed under Subchapter V of Chapter 11.

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BRITTNY **ROBINSON** Debtor 1 Case number (if known)_ Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have any ☑ No property that poses or is ☐ Yes. What is the hazard? alleged to pose a threat of imminent and identifiable hazard to public health or safety? Or do you own any property that needs If immediate attention is needed, why is it needed?_ immediate attention? For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs? Where is the property? Number Street

City

State

ZIP Code

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Debtor 1

BRIT	TTNY
Circl Name	Middle Name

ROBINSON

Case number	(if known)	 	

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About	Debtor 1	l
-------	----------	---

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

l am	not	requi	red t	o r	eceiv	e a	briefing	abou	ŧ
cred	it co	unse	ling	bed	ause	of			

☐ Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me

to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

☐ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

l am not required to receive a briefing about	ıt
credit counseling because of:	

☐ Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me

to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Debtor 1

BRITTNY
First Name M

ROBINSON Last Name

Case number (if known)

16.	What kind of debts do		rily consumer debts? Consumer deb	
	you have?	□ No. Go to line 16b. □ Yes. Go to line 17.	a primarily for a personal, family, or floor	seriola parpose.
			rily business debts? Business debts vestment or through the operation of the	
		□ No. Go to line 16c.□ Yes. Go to line 17.		
		16c. State the type of debts yo	u owe that are not consumer debts or bus	siness debts.
17.	Are you filing under Chapter 7?	☐ No. 1 am not filling under C	hapter 7. Go to line 18.	egili de anament seus companya de 2000 mai maja hake delimbria delimbria de 4000 maja de 4000 maja de 4000 maja
	Do you estimate that after any exempt property is	administrative expens	ter 7. Do you estimate that after any exer es are paid that funds will be available to	mpt property is excluded and distribute to unsecured creditors?
	excluded and administrative expenses are paid that funds will be available for distribution to unsecured creditors?	☑ No ☐ Yes		
18.	How many creditors do you estimate that you	☑ 1-49 □ 50-99	1,000-5,000 5,001-10,000	☐ 25,001-50,000 ☐ 50,001-100,000
	owe?	☐ 100-199 ☐ 200-999	10,001-25,000	☐ More than 100,000
19.	How much do you estimate your assets to be worth?	□ \$0-\$50,000 □ \$50,001-\$100,000 ☑ \$100,001-\$500,000 □ \$500,001-\$1 million	\$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million	☐ \$500,000,001-\$1 billion ☐ \$1,000,000,001-\$10 billion ☐ \$10,000,000,001-\$50 billion ☐ More than \$50 billion
20,	How much do you estimate your liabilities to be?	□ \$0-\$50,000 □ \$50,001-\$100,000 □ \$100,001-\$500,000 □ \$500,001-\$1 million	\$1,000,001-\$10 million \$10,000,001-\$50 million \$50,000,001-\$100 million \$100,000,001-\$500 million	\$500,000,001-\$1 billion \$1,000,000,001-\$10 billion \$10,000,000,001-\$50 billion More than \$50 billion
Pa	rt 7: Sign Below			
Fo	r you	I have examined this petition, a correct.	and I declare under penalty of perjury tha	t the information provided is true and
			hapter 7, I am aware that I may proceed, I understand the relief available under e	, if eligible, under Chapter 7, 11,12, or 13 ach chapter, and I choose to proceed
		If no attorney represents me at this document, I have obtained	nd I did not pay or agree to pay someone I and read the notice required by 11 U.S.	who is not an attorney to help me fill out C. § 342(b).
		I request relief in accordance v	vith the chapter of title 11, United States	Code, specified in this petition.
		with a bank/Optcy case can res 18 U.S.C \$\frac{1}{2}\$ 152, 1341, 1519,	sult in fines up to \$250,000, or imprisonm	g money or property by fraud in connection ent for up to 20 years, or both.
		Signature of Debtor 1		re of Debtor 2
		Executed on MM / DD	Execute	ed on

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Debtor 1

BRITTNY

ROBINSON

Case number (if known)

For you if you are filing this bankruptcy without an attorney

If you are represented by an attorney, you do not need to file this page.

The law allows you, as an individual, to represent yourself in bankruptcy court, but you should understand that many people find it extremely difficult to represent themselves successfully. Because bankruptcy has long-term financial and legal consequences, you are strongly urged to hire a qualified attorney.

To be successful, you must correctly file and handle your bankruptcy case. The rules are very technical, and a mistake or inaction may affect your rights. For example, your case may be dismissed because you did not file a required document, pay a fee on time, attend a meeting or hearing, or cooperate with the court, case trustee, U.S. trustee, bankruptcy administrator, or audit firm if your case is selected for audit. If that happens, you could lose your right to file another case, or you may lose protections, including the benefit of the automatic stay.

You must list all your property and debts in the schedules that you are required to file with the court. Even if you plan to pay a particular debt outside of your bankruptcy, you must list that debt in your schedules. If you do not list a debt, the debt may not be discharged. If you do not list property or properly claim it as exempt, you may not be able to keep the property. The judge can also deny you a discharge of all your debts if you do something dishonest in your bankruptcy case, such as destroying or hiding property, falsifying records, or lying. Individual bankruptcy cases are randomly audited to determine if debtors have been accurate, truthful, and complete. Bankruptcy fraud is a serious crime; you could be fined and imprisoned.

If you decide to file without an attorney, the court expects you to follow the rules as if you had hired an attorney. The court will not treat you differently because you are filing for yourself. To be successful, you must be familiar with the United States Bankruptcy Code, the Federal Rules of Bankruptcy Procedure, and the local rules of the court in which your case is filed. You must also be familiar with any state exemption laws that apply.

be familial with any state exemption laws that ap	piy.
Are you aware that filing for bankruptcy is a serio consequences?	ous action with long-term financial and legal
☐ No ☑ Yes	
Are you aware that bankruptcy fraud is a serious inaccurate or incomplete, you could be fined or in No	, ,
☑ Yes	
Did you pay or agree to pay someone who is not No	t an attorney to help you fill out your bankruptcy forms
Yes. Name of Person	ce, Declaration, and Signature (Official Form 119).
By signing here, I acknowledge that I understand have read and understood this notice, and I am attorney may cause me to be my rights or proposition. Signature of Debtor 1	aware that filing a bankruptcy case without an
10 m (2)	Oignature of Debtor 2
Date MM / DD / YYYY	Date MM / DD / YYYY
Contact phone	Contact phone
Cell phone	Cell phone
Email address	Email address

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						i				
ebtor 1	BRITT First Nam		Middle Name	ROBINSON Last Name	·	_				
ebtor 2 puse, if filin	a) First Nam	•	Middle Name	Last Name		-				
	_		ne: Northern Distric							
		cy Court for a	ie. Mortiletti Distric	or Georgia						
ise numbe known)	r							Ţ		eck if this is a
	-		-	·····					am	ended filing
fficial	Form	107								
taten	nent	of Fin	ancial Aff	airs for In	dividua	ls Filing f	or Bar	nkruptcy	y	04/
		-i		Status and Whe	ere You Live	ed Before				
Mar Not During No V No	ried married the last		ve you lived anyw	here other than wh st 3 years. Do not in Dates Deb	nclude where	you live now.			医多头征 电热 医动物	ates Debtor 2
Mar Not During No Yes	ried married the last:	3 years, hav	ve you lived anyw	st 3 years. Do not i	nclude where	you live now.			医多头征 电热 医动物	ved there
Mar Not During No Yes	ried married the last:	3 years, hav	ve you lived anyw	st 3 years. Do not i	nclude where tor:1 Debte	you live now. F 2; me as Debtor 1			- 10	ved there
During No Pos	ried married the last:	3 years, hav	ve you lived anyw	st 3 years. Do not ii Dates Deb lived there	nclude where tor:1 Debte	you live now. or 2:			- 10	ved there Same as Debto
Mar Not During No Yes	ried married the last : List all debtor 1:	3 years, hav	ve you lived anyw	st 3 years. Do not in Dates Deb lived there From	nclude where tor:1 Debte	you live now. F 2; me as Debtor 1			- 10	ved there Same as Debto
Mar Not Not Puring No Yes	married the last: List all cebtor 1:	3 years, hav	ve you lived anyw	st 3 years. Do not in Dates Deb lived there From To	nclude where tor:1. Debte	you live now. If 2: Ime as Debtor 1 Imber Street	State	ZIP Code	- 10	ved there Same as Debto
Mar Not During No Yes	ried married the last : List all debtor 1:	3 years, hav	ve you lived anyw	st 3 years. Do not in Dates Deb lived there From To	nclude where tor:1 Debte	you live now. F 2: me as Debtor 1 mber Street	State	ZIP Code		Same as Debton From To
Mar Not During No Yes	married the last: List all cebtor 1:	3 years, hav	ve you lived anyw	st 3 years. Do not in Dates Deb lived there From To	nclude where tor:1 Debte	you live now. If 2: Ime as Debtor 1 Imber Street	State	ZIP Code		ved there Same as Debto
Mar Mot During No Yes	married the last: List all cebtor 1:	3 years, hav	ve you lived anyw	st 3 years. Do not in Dates Deb lived there From To	nclude where tor:1 Debte Sa No Ci	you live now. F 2: me as Debtor 1 mber Street	State	ZIP Code		Same as Debton From To
Mar Not Not No	ried married the last: List all cebtor:1:	3 years, have	ve you lived anyw	st 3 years. Do not in Dates Debrived there From To e	nclude where tor:1 Debte Sa No Ci	you live now. If 2: Ime as Debtor 1 Imber Street Ity Ime as Debtor 1	State	ZIP Code		Same as Debtor From To Same as Debtor
Mar Not Not No	ried married the last: List all cebtor:1:	3 years, have	ve you lived anyw	st 3 years. Do not in Dates Debilived there From To e From To	nclude where tor:1 Debte Sa No Ci	you live now. If 2: Ime as Debtor 1 Imber Street Ity Ime as Debtor 1	State	ZIP Code		Same as Debtor From To Same as Debtor From
Mar Not Not No	ried married the last: List all cebtor:1:	3 years, have	ve you lived anyw	st 3 years. Do not in Dates Deb lived there From To e From To To To	nclude where tor:1 Debte Sa No Ci	you live now. Fr 2; Ime as Debtor 1 Imber Street Ly Ime as Debtor 1	State	ZIP Code		Same as Debtor From To Same as Debtor From

Part 2:

Explain the Sources of Your Income

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tor 1	BRITTNY First Name Middle Name Last N	ROBINSON	Case nur	mber (if known)	
	FIRST NAME MIGGIE NAME LAST N	ame			
Fill	you have any income from employment in the total amount of income you received ou are filing a joint case and you have inco	from all jobs and all busi	nesses, including part-tin	ne activities.	ndar years?
	No				
Ø	Yes. Fill in the details.				
		aDelitoretta samenatura		Dishton 2 Commercial Street	engeroup in a The Care
		Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of Income Check all that apply.	Gross income (before deductions an exclusions)
	From January 1 of current year until the date you filed for bankruptcy:	Wages, commissions, bonuses, tips	\$38,000.00	Wages, commissions, bonuses, tips	\$
		Operating a business		Operating a business	
	For last calendar year:	Wages, commissions, bonuses, tips	\$42,000.00	Wages, commissions, bonuses, tips	\$
	(January 1 to December 31,2020 YYYYY	Operating a business		Operating a business	
	For the calendar year before that:	Wages, commissions, bonuses, tips	ме и междуниция с негоди того с доворовного почественного и приводительного и приводительного и подавления в п	Wages, commissions, bonuses, tips	THE STATE OF THE S
	(January 1 to December 31,2019)	Operating a business	\$36,837.00	Operating a business	\$
	t each source and the gross income from ϵ	each source separately. D	o not include income tha	t you listed in line 4.	
u	Yes. Fill in the details.	Detion		Tion one	
		Sources of Income Describe below:	Gross income from each source (before deductions and exclusions)	Sources of Income Describe below.	Gross income from each source (before deductions ar exclusions)
	From January 1 of current year until		\$		- \$
	the date you filed for bankruptcy:		\$		- \$
	enne a consortet et consecut : secut personal de nominaria de ennacione estáblica e depublificado		\$		- \$
	For last calendar year:		\$		- \$
	(January 1 to December 31,2020)		\$		- \$
	YYYY		\$		- \$
					Φ.
	For the calendar year before that:		\$		- ⁻
	(January 1 to December 31,2019)		\$		- Ψ

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Debtor 1

BRITTNY

ROBINSON

u	•	•	•	•	•	•
F	Ì	st	ı	Nai	ne	

Case number (if known)	
------------------------	--

e ellilei	Debtor 1's or Debt	or 2's dek	ots primarily c	onsumer debts	?				
	either Debtor 1 nor						defined	in 11 U.S.C. § 101(8	8) as
D	uring the 90 days be	efore you t	iled for ba.ıkru	otcy, did you pay	y any cred	litor a total of \$6	6,825* c	or more?	
	No. Go to line 7.								
		you paid t and alime	that creditor. D ony. Also, do n	o not include pa ot include paym	yments fo ents to an	r domestic supp attorney for this	ort obl s bankr	igations, such as uptcy case.	
Yes. D	ebtor 1 or Debtor 2	or both	have primarily	consumer deb	ts.				
D	uring the 90 days be	efore you t	filed for bankru	ptcy, did you pay	y any cred	litor a total of \$6	600 or r	nore?	
Г	No. Go to line 7.								
		not includ	e payments for	domestic supports to an attorney	ort obligat y for this t	ions, such as ch	ild sup		Was this payment for
				payment					
	PENNYMAC Creditor's Name			09/21/2021	\$	3,012.00	\$	175,000.00	Mortgage
	OI BOX 5143	387		08/21/2021					Car
									Credit card
	Number Street								_
				08/21/2021					Loan repayment
	Number Street	ES CA	90061	08/21/2021					☐ Suppliers or vendor
		ES CA State	90061 ZIP Code	08/21/2021					□ Loan repayment □ Suppliers or vendor □ Other
	Number Street LOS ANGEL	State		08/21/2021	\$	1,731.00	\$	16,653.00	☐ Suppliers or vendor☐ Other
	LOS ANGEL City SANTANDEF Creditor's Name	State		annon someono es contra e mos, en mosta me en en	\$	1,731.00	\$	16,653.00	□ Suppliers or vendor □ Other
	LOS ANGEL City SANTANDEF Creditor's Name PO BOX 660	State		annon someono es contra e mos, en mosta me en en	\$	1,731.00	\$	16,653.00	Suppliers or vendor Other Mortgage Car
	LOS ANGEL City SANTANDEF Creditor's Name	State		09/05/2021 08/05/2021	\$	1,731.00	\$	16,653.00	Suppliers or vendor Other Mortgage Car Credit card
	LOS ANGEL City SANTANDEF Creditor's Name PO BOX 660	State		09/05/2021	\$	1,731.00	\$	16,653.00	Suppliers or vendor Other Mortgage Car Credit card Loan repayment
	LOS ANGEL City SANTANDER Creditor's Name PO BOX 660 Number Street DALLAS	State	75233	09/05/2021 08/05/2021	\$	1,731.00	\$	16,653.00	Suppliers or vendor Other Mortgage Car Credit card Loan repayment Suppliers or vendor
	LOS ANGEL City SANTANDEF Creditor's Name PO BOX 660 Number Street	State R 633	ZIP Code	09/05/2021 08/05/2021	\$	1,731.00	\$	16,653.00	Suppliers or vendor Other Mortgage Car Credit card Loan repayment Suppliers or vendor
	LOS ANGEL City SANTANDER Creditor's Name PO BOX 660 Number Street DALLAS	State R 633	75233	09/05/2021 08/05/2021	\$	1,731.00	MANAGER STANK OF THE STANK OF T	16,653.00	Suppliers or vendor Other Mortgage Car Credit card Loan repayment Suppliers or vendor Other
	LOS ANGEL City SANTANDER Creditor's Name PO BOX 660 Number Street DALLAS	State R 633	75233	09/05/2021 08/05/2021	\$ \$	1,731.00	\$ \$	16,653.00	Suppliers or vendor Other Mortgage Car Credit card Loan repayment Suppliers or vendor Other Mortgage
	LOS ANGEL City SANTANDEF Creditor's Name PO BOX 660 Number Street DALLAS City	State R 633	75233	09/05/2021 08/05/2021	\$ \$	1,731.00	MANAGER STANK OF THE STANK OF T	16,653.00	Suppliers or vendor Other Mortgage Car Credit card Loan repayment Suppliers or vendor Other Mortgage Car
	LOS ANGEL City SANTANDEF Creditor's Name PO BOX 660 Number Street DALLAS City	State R 633	75233	09/05/2021 08/05/2021	\$ \$	1,731.00	MANAGER STANK OF THE STANK OF T	16,653.00	Suppliers or vendor Other Mortgage Car Credit card Loan repayment Suppliers or vendor Other Mortgage Car Credit card
	LOS ANGEL City SANTANDER Creditor's Name PO BOX 660 Number Street DALLAS City Creditor's Name	State R 633	75233	09/05/2021 08/05/2021	\$	1,731.00	MANAGER STANK OF THE STANK OF T	16,653.00	Suppliers or vendor Other Mortgage Car Credit card Loan repayment Suppliers or vendor Other Mortgage Car Credit card Loan repayment
	LOS ANGEL City SANTANDER Creditor's Name PO BOX 660 Number Street DALLAS City Creditor's Name	State R 633	75233	09/05/2021 08/05/2021	\$ \$	1,731.00	MANAGER STANK OF THE STANK OF T	16,653.00	Suppliers or vendor Other Mortgage Car Credit card Loan repayment Suppliers or vendor Other Mortgage Car Credit card

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ROBINSON

clude payments on debts guaranteed or cosigned by an insider.		·				
Yes. List all payments to an insider. Dates of payment Total amount paul Amount you still Reason for this payment	iders include your relater porations of which you ent, including one for a	tives; any general partners; are an officer, director, per business you operate as a	relatives of any grown in control, or	general partners; p owner of 20% or i	partnerships of which more of their voting	h you are a general partner; securities; and any managing
Dates of payment Paid Dates of payments or transfer any property on account of a debt that benefited insider. Payments on debts guaranteed or cosigned by an insider. Dates of payments that benefited an insider. Dates of payments Dates of Dates Dates of Dates Dates of Dates Dates of Dates Dat	No					
payment pald owe	Yes. List all payments	s to an insider.				
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City State ZIP Code Insider's Name Number Street City State ZIP Code S S S S S S S S S S S S S S S S S S S				\$	\$	
City State ZIP Code Same Same	Insider's Name			· · · · · · · · · · · · · · · · · · ·		
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BRITTNY

Debtor 1

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BRITTNY ROBINSON Debtor 1 Case number (if known) First Name Identify Legal Actions, Repossessions, and Foreclosures 9. Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. M No Yes. Fill in the details. Nature of the case Court or agency Status of the case ☐ Pending Case title Court Name On appeal ☐ Concluded Case number City State ZIP Code Pending Case title Court Name On appeal Concluded Number Street Case number ZIP Code City State 10. Within 1 year before you filed for bankruptcy, was any of your property repossessed, foreclosed, garnished, attached, seized, or levied? Check all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below. Date Describe the property Value of the property Creditor's Name Explain what happened Number Street Property was repossessed. Property was foreclosed. Property was garnished. Property was attached, seized, or levied. State ZIP Code Describe the property Date Value of the property Creditor's Name

Property was repossessed.Property was foreclosed.Property was garnished.

Property was attached, seized, or levied.

Explain what happened

Number

City

Street

State

ZIP Code

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j	BRITTNY		ROBINSON	Case number (if known)	
	First Name	Middle Name Last N	ame		
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		ore you med for bankrup to make a payment beca		ng a bank or financial institution, set off any amount	is from you
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			cy, was any of your property stodian, or another official?	in the possession of an assignee for the benefit of	
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	vo 'es				
	_			•	
5:	List Certa	in Gifts and Contribu	tions		
				 	
1 1				th a total value of more than \$600 per person?	
		etails for each gift.			
	00.1 11.11.11.0 0	orano for such gira			
•		I value of more than \$600	Describe the gifts		Value
	per person		The second secon	the gifts	
=	Person to Whom You	Gave the Gift		\$	
,	erson to whom you	dave the ont			
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F	Person's relations	hip to you			
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		value of more than \$600	Describe the gifts		/alue
F	er person		The second secon	the gifts	
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F	Person's relations	hip to you			

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btor 1	BRITTNY	ROBINSON	Case number (# known)
	First Name Middle Name	Last Name	
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vviti		i for pankruptcy, did you give any gifts o	or contributions with a total value of more than \$600 to any charity?
	No Yes. Fill in the details for ead	ch gift or contribution.	
	Gifts or contributions to charthat total more than \$600	rities Describe what you contribute	ed Daté you Value contributed
	Charity's Name		\$
			 \$
	Number Street		
	City State ZIP Code		
irt 6	List Certain Losse	s	
□	No Yes. Fill in the details.		
	Describe the property you lo how the loss occurred		loss lost ance has paid. List pending insurance
		kanajahahahakkinakki seperekan seser jira perkere freshrendroque jaronlopiki bir sopuralahahada adaljarakhin hendishin hendishi	
rt 7			
yοι	consulted about seeking	bankruptcy or preparing a bankruptcy p	acting on your behalf pay or transfer any property to anyone petition? agencies for services required in your bankruptcy.
	Yes. Fill in the details.		
	monerysharp.org	Description and value of an	y property transferred Date payment or Amount of paymen transfer was made
	Person Who Was Paid	Counseling	And Department of the Control of the
	Number Street		<u>09/21/202</u> 1 <u>\$</u> 10.00
	City State	ZIP Code	<u> </u>
	ony State		
	Email or website address		
	Person Who Made the Payment, if	Not You	

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	Description and value of any property	transferred	Date payment or transfer was made	Amount of payment
Person Who Was Pald				Φ.
Number Street				Ф
				Φ
City State ZIP Code				
Email or website address	-			
Person Who Made the Payment, if Not You		- 111 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
No Yes. Fill in the details.	Description and value of any property	r transferred	Date payment or transfer was	Amount of payr
Person Who Was Paid			transter was made	
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City State ZIP Code thin 2 years before you filed for bankru nsferred in the ordinary course of your lude both outright transfers and transfers not include gifts and transfers that you ha	business or financial affairs? made as security (such as the granting ave already listed on this statement.	of a security interes	st or mortgage on your pro	perty).
City State ZIP Code thin 2 years before you filed for bankru nsferred in the ordinary course of your lude both outright transfers and transfers not include gifts and transfers that you ha No Yes. Fill in the details.	business or financial affairs? made as security (such as the granting	of a security interes	st or mortgage on your pro	perty).
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f (if known)
I trust or similar device of which you
Date transfer
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ld in your name, or for your benefit,
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or Date account was Last balance before
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Í No	,			
Yes. Fill in the d	etails.			
		Who else has or had access to it?	Describe the contents	Do you st
				have it?
				□ No
Name of Storage F	acility	Name		☐ Yes
Number Street		Number Street		
		City State ZIP Code		
City	State ZIP	Code	e de la companya de	
	n 4 37	Hald a Contact to Concess The		
t 9: Identify	Property You	Hold or Control for Someone Else		
•		y that someone else owns? Include any pr	operty you borrowed from, are storing f	or,
or hold in trust for No	someone.			
Yes. Fill in the	details.			
		Where is the property?	Describe the property	Value
Owner's Name		 -		\$
Owner's Name				!
		Number Street		
Number Street		Number Street		
		Number Street		
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Number Street City 1 10: Give De the purpose of Pa Environmental law nazardous or toxic	rt 10, the followi means any fede substances, wa	Code City State ZIP over the control of the control	ncerning pollution, contamination, relea face water, groundwater, or other medi	
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Number Street City Cit	rt 10, the following means any feder substances, was or regulations or cation, facility, or own, operate, o	Code City State ZIP Code Nyironmental Information Ing definitions apply: ral, state, or local statute or regulation corestes, or material into the air, land, soil, sucception of these substances of property as defined under any environment of utilize it, including disposal sites.	ncerning pollution, contamination, relea face water, groundwater, or other medi s, wastes, or material. ntal law, whether you now own, operate	um, e, or
Number Street City Cit	rt 10, the following means any feder substances, was or regulations of cation, facility, or own, operate, out means anythin	City State ZIP of Code Code State ZIP of Code Avironmental Information Ing definitions apply: ral, state, or local statute or regulation constes, or material into the air, land, soil, suit on trolling the cleanup of these substances of property as defined under any environme	ncerning pollution, contamination, relea face water, groundwater, or other medi s, wastes, or material. ntal law, whether you now own, operate	um, e, or
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Number Street City 1 10: Give De the purpose of Pa Environmental law nazardous or toxic ncluding statutes Site means any loc utilize it or used to Hazardous material substance, hazard nort all notices, related any governmental	rt 10, the following means any feder substances, was or regulations contained, facility, or own, operate, on means anything our material, poseases, and procental unit notified	Code City State ZIP Avironmental Information Ing definitions apply: ral, state, or local statute or regulation constes, or material into the air, land, soil, suit ontrolling the cleanup of these substances property as defined under any environmer utilize it, including disposal sites. g an environmental law defines as a hazar flutant, contaminant, or similar term. seedings that you know about, regardless of you that you may be liable or potentially lies.	ncerning pollution, contamination, releat face water, groundwater, or other medi s, wastes, or material. ntal law, whether you now own, operate dous waste, hazardous substance, toxi f when they occurred.	um, e, or c mental law?
Number Street City 1 10: Give De The purpose of Pa Environmental law nazardous or toxic ncluding statutes Site means any loc utilize it or used to Hazardous material substance, hazard nort all notices, related any governmental No Yes. Fill in the	rt 10, the following means any feder substances, was or regulations contained, facility, or own, operate, on means anything our material, poseases, and procental unit notified	Code City State ZIP Avironmental Information Ing definitions apply: ral, state, or local statute or regulation corstes, or material into the air, land, soil, suit ontrolling the cleanup of these substances property as defined under any environmer utilize it, including disposal sites. Ig an environmental law defines as a hazar illutant, contaminant, or similar term. Bedings that you know about, regardless of you that you may be liable or potentially lighted. Governmental unit	ncerning pollution, contamination, releat face water, groundwater, or other medi s, wastes, or material. ntal law, whether you now own, operate dous waste, hazardous substance, toxi f when they occurred.	um, e, or c mental law?
Number Street City 1 10: Give De the purpose of Pa Environmental law nazardous or toxic ncluding statutes Site means any loc utilize it or used to Hazardous material substance, hazard nort all notices, related any governmental	rt 10, the following means any feder substances, was or regulations contained, facility, or own, operate, on means anything our material, poseases, and procental unit notified	Code City State ZIP Avironmental Information Ing definitions apply: ral, state, or local statute or regulation constes, or material into the air, land, soil, suit ontrolling the cleanup of these substances property as defined under any environmer utilize it, including disposal sites. g an environmental law defines as a hazar flutant, contaminant, or similar term. seedings that you know about, regardless of you that you may be liable or potentially lies.	ncerning pollution, contamination, releat face water, groundwater, or other medi s, wastes, or material. ntal law, whether you now own, operate dous waste, hazardous substance, toxi f when they occurred.	um, e, or c mental law?
Number Street City 1 10: Give De The purpose of Pa Environmental law nazardous or toxic ncluding statutes Site means any loc utilize it or used to Hazardous material substance, hazard nort all notices, related any governmental No Yes. Fill in the	rt 10, the following means any feder substances, was or regulations contained, facility, or own, operate, on the means anything our material, possess, and processes, and processes, and processes and unit notified	Code City State ZIP Avironmental Information Ing definitions apply: ral, state, or local statute or regulation corstes, or material into the air, land, soil, suit ontrolling the cleanup of these substances property as defined under any environmer utilize it, including disposal sites. Ig an environmental law defines as a hazar illutant, contaminant, or similar term. Bedings that you know about, regardless of you that you may be liable or potentially lighted. Governmental unit	ncerning pollution, contamination, releat face water, groundwater, or other medi s, wastes, or material. ntal law, whether you now own, operate dous waste, hazardous substance, toxi f when they occurred.	um, e, or c mental law?

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эг 1	BRITTNY	ROBINSON	Case number (if known)	
	First Name Middle Name	Last Name		
lave	you notified any governmenta	l unit of any release of hazardous n	ṇaterial?	
Ø I	No			
」	es. Fill in the details.			
		Governmental unit	Environmental law, if you know it	Date of notice
	Name of site	Governmental unit		
		Sovernmental unit		
	Number Street	Number Street		
		City State ZIP C	ode	
	City State ZIP	Code		
	Compared to the second to the compared to the second to th	ing and appropriate characters with the term and a construction of the construction of a decision of the construction and		magair na ann ann ann ann ann ann ann ann an a
ave	e you been a party in any judici	al or administrative proceeding und	ler any environmental law? Include settleme	nts and orders.
Z 1	No			
)	Yes. Fill in the details.			
		Court or agency	Nature of the case	Status of the case
			en e	cuse
•	Case title	Court Name		Pending
		Court Name		On appea
•		Number Street	·	☐ Conclude
ï	Case number	City State	ZIP Code	T. 181
		,	pro- per l'actionne delle des properties de la company	
t 1	Give Details About Vo	our Business or Connections to	Any Rueinges	
 	☐ A member of a limited liabili☐ A partner in a partnership☐ An officer, director, or mana	ty company (LLC) or limited liabilit		
I	An owner of at least 5% of t	he voting or equity securities of a c	orporation	
9 1	No. None of the above applies.	Go to Part 12.		
		and fill in the details below for eac	h business.	
		Describe the nature of the b	usiness Employer Identification	on number
	Business Name		Do not include Social	Security number or ITIN.
			EIN:	
	Number Street		Control of the Contro	
		Name of accountant or boo	kkeeper Dates business exist	ed
			: Eurom	••
	City Control Tip	Pada	From 1	·
	City State ZIP	Describe the nature of the b	pusiness Employer Identification	on number
				Security number or ITIN.
	Business Name	Sealth to the seal of the seal		
	Number Ctreet		EIN:	
	Number Street	Name of accountant or boo	·	ed
			From 1	-o
		•		_

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	First Name Mi	iddle Name	Lasth	Case number (if known)
	FIRST NAME MI	idale Name	Last	t Name
** ·	Business Name		k 1997 daga and sakki daki daga daga daga daga daga daga daga dag	Describe the nature of the business Employer Identification number Do not include Social Security number or ITIN.
				EIN:
	Number Street			Name of accountant or bookkeeper Dates business existed
	City	State	ZIP Code	From To
	tutions, creditors,			ptcy, did you give a financial statement to anyone about your business? Include all financial
ΙY	es. Fill in the deta	ails belov	N.	
				Date issued
	Name			MM / DD / YYYY
	Number Street			_
				_
	City	State	ZIP Code	_
	City	State	ZIP Code	_
	City	State	ZIP Code	_
	City	State	ZIP Code	<u>-</u>
12	_		ZIP Code	
l ha ans in c	Sign Below	ers on the correct bankrup 1, 1519,	nis Statemer . I understar	ent of Financial Affairs and any attachments, and I declare under penalty of perjury that the and that making a false statement, concealing property, or obtaining money or property by frau an result in fines up to \$250,000, or imprisonment for up to 20 years, or both. Signature of Debtor 2
haansin o	Sign Below ave read the answers are true and connection with a U.S.C. §§ 152, 134	ers on the correct bankrup 1, 1519,	nis Statemer . I understar	and that making a false statement, concealing property, or obtaining money or property by frau an result in fines up to \$250,000, or imprisonment for up to 20 years, or both.
I ha ans in c 18	Sign Below ave read the answers are true and connection with a U.S.C. §§ 152, 134 Signature of Debtor	ers on the correct bankrup 1, 1519,	nis Statemer. I understar otcy case cal and 3571.	and that making a false statement, concealing property, or obtaining money or property by frau an result in fines up to \$250,000, or imprisonment for up to 20 years, or both. Signature of Debtor 2
haansin o	Sign Below ave read the answers are true and connection with a U.S.C. §§ 152, 134 Signature of Debtor	ers on the correct bankrup 1, 1519,	nis Statemer. I understar otcy case cal and 3571.	and that making a false statement, concealing property, or obtaining money or property by frau an result in fines up to \$250,000, or imprisonment for up to 20 years, or both. Signature of Debtor 2 Date
Did	Sign Below ave read the answers are true and connection with a U.S.C. §§ 152, 134 Signature of Debtor Date I you attach addition No Yes I you pay or agree	ers on the correct bankrup of the correct ban	nis Statemer. I understar otcy case cal and 3571.	and that making a false statement, concealing property, or obtaining money or property by frau an result in fines up to \$250,000, or imprisonment for up to 20 years, or both. Signature of Debtor 2 Date
Did	Sign Below ave read the answissers are true and connection with a U.S.C. §§ 152, 134 Signature of Debtor Date I you attach addition Yes I you pay or agree No	ers on the correct bankrup (1, 1519, 1519) onal page to pay s	nis Statemer. I understar otcy case car and 3571.	and that making a false statement, concealing property, or obtaining money or property by frau an result in fines up to \$250,000, or imprisonment for up to 20 years, or both. Signature of Debtor 2 Date Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)?

	Case 21-57519-bem Do	c 1 Filed 10/07/21 Entered 10/0 Petition Page 21 of 59	7/21 11:29:11 Desc
ll in this i	nformation to identify your case and this	filing:	
ebtor 1	BRITTNY RO	BINSON	
	First Name Middle Name	Last Name	
ebtor 2 oouse, if filing	g) First Name Middle Name	Last Name	
ited States	s Bankruptcy Court for the: Northern District of C	Georgia	
se numbe	r		Observative for the last of th
			☐ Check if this is a amended filing
\fficio	I Farma 1064/P		· · · · · · · · · · · · · · · · · · ·
	I Form 106A/B		
che	edule A/B: Property	У	12/15
		st in any residence, building, land, or similar prope	erty?
No. 0	own or have any legal or equitable interes Go to Part 2. Where is the property?	What is the property? Check all that apply.	Do not deduct secured claims or exemptions. Pu
☐ No. 0 ☑ Yes.	Go to Part 2. Where is the property?	What is the property? Check all that apply. Y Single-family home	Do not deduct secured claims or exemptions. Puthe amount of any secured claims on Schedule I
☐ No. 0 ☑ Yes.	Go to Part 2. Where is the property?	What is the property? Check all that apply. ✓ Single-family home Duplex or multi-unit building Condominium or cooperative	Do not deduct secured claims or exemptions. Putific amount of any secured claims on Schedule Is Creditors Who Have Claims Secured by Property Current value of the Current value
□ No. 0 □ Yes.	Go to Part 2. Where is the property?	What is the property? Check all that apply. ✓ Single-family home □ Duplex or multi-unit building □ Condominium or cooperative □ Manufactured or mobile home	Do not deduct secured claims or exemptions. Putite amount of any secured claims on Schedule I Creditors Who Have Claims Secured by Propert Current value of the entire property?
No. 0 Yes. 1.1. 3 Si	Go to Part 2. Where is the property? 920 AUGUSTINE PLACE treet address, if available, or other description	What is the property? Check all that apply. ✓ Single-family home Duplex or multi-unit building Condominium or cooperative	Do not deduct secured claims or exemptions. Puthe amount of any secured claims on Schedule I Creditors Who Have Claims Secured by Propert Current value of the Current value of entire property?
No. (Yes. 1.1. 3 F	Go to Part 2. Where is the property?	What is the property? Check all that apply. Y Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare	Do not deduct secured claims or exemptions. Puthe amount of any secured claims on Schedule It Creditors Who Heve Claims Secured by Property Current value of the entire property? \$ 195,000.00 \$ 0.0 Describe the nature of your ownership
No. 0 Ves. 1.1. 3 F	Go to Part 2. Where is the property? 920 AUGUSTINE PLACE treet address, if available, or other description REX GA 30273	What is the property? Check all that apply. Yell Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other	Do not deduct secured claims or exemptions. Puthe amount of any secured claims on Schedule It Creditors Who Have Claims Secured by Property Current value of the entire property? portion you own? \$ 195,000.00 \$ 0.0 Describe the nature of your ownership interest (such as fee simple, tenancy by
No. 0 Yes. 1.1. 3 Si	Where is the property? 920 AUGUSTINE PLACE treet address, if available, or other description REX GA 30273 ity State ZIP Code	What is the property? Check all that apply. Y Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other Who has an interest in the property? Check one.	Do not deduct secured claims or exemptions. Puthe amount of any secured claims on Schedule It Creditors Who Have Claims Secured by Property Current value of the entire property? portion you own? \$ 195,000.00 \$ 0.0 Describe the nature of your ownership interest (such as fee simple, tenancy by
No. 0 Yes. 1.1. 3 F C	Where is the property? 920 AUGUSTINE PLACE treet address, if available, or other description REX GA 30273 ity State ZIP Code	What is the property? Check all that apply. Yell Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other	Do not deduct secured claims or exemptions. Puthe amount of any secured claims on Schedule It Creditors Who Have Claims Secured by Property Current value of the entire property? portion you own? \$ 195,000.00 \$ 0.0 Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.
No. 0 Yes. 1.1. 3 F C	Where is the property? 920 AUGUSTINE PLACE treet address, if available, or other description REX GA 30273 ity State ZIP Code	What is the property? Check all that apply. ✓ Single-family home □ Duplex or multi-unit building □ Condominium or cooperative □ Manufactured or mobile home □ Land □ Investment property □ Timeshare □ Other □ Who has an interest in the property? Check one. □ Debtor 1 only	Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule I Creditors Who Have Claims Secured by Property Current value of the entire property? portion you own? \$ 195,000.00 \$ 0.00 Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.
No. Q Yes. 1.1. 3 Si	Where is the property? 920 AUGUSTINE PLACE treet address, if available, or other description REX GA 30273 ity State ZIP Code	What is the property? Check all that apply. ✓ Single-family home □ Duplex or multi-unit building □ Condominium or cooperative □ Manufactured or mobile home □ Land □ Investment property □ Timeshare □ Other □ Who has an interest in the property? Check one. □ Debtor 1 only □ Debtor 2 only	Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule It Creditors Who Have Claims Secured by Property Current value of the entire property? portion you own? \$ 195,000.00 \$ 0.00 Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.
No. 0 Yes. 1.1. 3 F C	Where is the property? 920 AUGUSTINE PLACE treet address, if available, or other description REX GA 30273 ity State ZIP Code	What is the property? Check all that apply. Yes Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Other information you wish to add about this it	Do not deduct secured claims or exemptions. Puthe amount of any secured claims on Schedule It Creditors Who Heve Claims Secured by Property Current value of the entire property? portion you own? \$ 195,000.00 \$ 0.0 Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.
No. 0 Yes. 1.1. 3 Si F C C C	Where is the property? 920 AUGUSTINE PLACE treet address, if available, or other description REX GA 30273 ity State ZIP Code	What is the property? Check all that apply. ✓ Single-family home □ Duplex or multi-unit building □ Condominium or cooperative □ Manufactured or mobile home □ Land □ Investment property □ Timeshare □ Other ─ Who has an interest in the property? Check one. □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another	Do not deduct secured claims or exemptions. Puthe amount of any secured claims on Schedule & Creditors Who Heve Claims Secured by Propert Current value of the entire property? portion you own? \$ 195,000.00 \$ 0.0 Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.
No. Q Yes. 1.1. $\frac{3}{\text{Si}}$	Where is the property? 920 AUGUSTINE PLACE treet address, if available, or other description REX GA 30273 ity State ZIP Code	What is the property? Check all that apply. Yes Single-family home Duplex or multi-unit building Condominium or cooperative Manufactured or mobile home Land Investment property Timeshare Other Who has an interest in the property? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Other information you wish to add about this it	Do not deduct secured claims or exemptions. Puthe amount of any secured claims on Schedule Creditors Who Have Claims Secured by Propert Current value of the entire property? portion you own? \$ 195,000.00 \$ 0.0 Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known.
No. Q Yes. 1.1. 3 Si	Where is the property? 920 AUGUSTINE PLACE treet address, if available, or other description REX GA 30273 ity State ZIP Code	What is the property? Check all that apply. ✓ Single-family home □ Duplex or multi-unit building □ Condominium or cooperative □ Manufactured or mobile home □ Land □ Investment property □ Timeshare □ Other □ Who has an interest in the property? Check one. □ Debtor 1 only □ Debtor 2 only □ Debtor 1 and Debtor 2 only □ At least one of the debtors and another Other information you wish to add about this it property identification number: □ What is the property? Check all that apply. □ Single-family home	Do not deduct secured claims or exemptions. Puthe amount of any secured claims on Schedule Creditors Who Have Claims Secured by Property Current value of the Current value of entire property? portion you own: \$ 195,000.00 \$ 0.0 Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known Check if this is community property (see instructions) em, such as local Do not deduct secured claims or exemptions. Puthe amount of any secured claims on Schedule
No. O Yes. 1.1. $\frac{3}{5}$	Where is the property? 920 AUGUSTINE PLACE treet address, if available, or other description REX GA 30273 ity State ZIP Code	What is the property? Check all that apply. ✓ Single-family home ☐ Duplex or multi-unit building ☐ Condominium or cooperative ☐ Manufactured or mobile home ☐ Land ☐ Investment property ☐ Timeshare ☐ Other ─ Who has an interest in the property? Check one. ☐ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another Other information you wish to add about this it property identification number: What is the property? Check all that apply.	Do not deduct secured claims or exemptions. Per the amount of any secured claims on Schedule Creditors Who Have Claims Secured by Property Current value of the entire property? portion you own \$ 195,000.00 \$ 0.0 Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known (see instructions) Check if this is community property (see instructions) em, such as local

City State ZIP Code

> Who has an interest in the property? Check one. Debtor 1 only

Other_

☐ Land

☐ Timeshare

Debtor 2 only Debtor 1 and Debtor 2 only

At least one of the debtors and another

☐ Manufactured or mobile home

☐ Investment property

☐ Check if this is community property (see instructions)

Describe the nature of your ownership

interest (such as fee simple, tenancy by the entireties, or a life estate), if known.

entire property?

Other information you wish to add about this item, such as local property identification number:

portion you own?

County

BRITTNY C...btor 1 Case number (if kn What is the property? Check all that apply. Do not deduct secured claims or exemptions. Put the amount of any secured claims on Schedule D: ■ Single-family home Creditors Who Have Claims Secured by Property. Duplex or multi-unit building Street address, if available, or other description Current value of the Current value of the Condominium or cooperative entire property? portion you own? ■ Manufactured or mobile home ■ Investment property Describe the nature of your ownership City ZIP Code ☐ Timeshare interest (such as fee simple, tenancy by Other the entireties, or a life estate), if known. Who has an interest in the property? Check one. Debtor 1 only County Debtor 2 only ☐ Check if this is community property Debtor 1 and Debtor 2 only (see instructions) At least one of the debtors and another Other information you wish to add about this item, such as local property identification number: 2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages 0.00 you have attached for Part 1. Write that number here. **Describe Your Vehicles** Part 2: Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases. 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles □ No Yes C300 Who has an interest in the property? Check one. Do not deduct secured claims or exemptions. Put 3.1. Make: the amount of any secured claims on Schedule D: **MERCEDES** Debtor 1 only Model: Creditors Who Have Claims Secured by Property. Debtor 2 only 2013 Year: Current value of the Current value of the Debtor 1 and Debtor 2 only entire property? portion you own? Approximate mileage: At least one of the debtors and another Other information: 19,000.00 0.00 ☐ Check if this is community property (see instructions) If you own or have more than one, describe here: Who has an interest in the property? Check one. Do not deduct secured claims or exemptions. Put Make: 3.2. the amount of any secured claims on Schedule D: Debtor 1 only Model: Creditors Who Have Claims Secured by Property. Debtor 2 only Year: Current value of the Current value of the Debtor 1 and Debtor 2 only entire property? portion you own? Approximate mileage: At least one of the debtors and another Other information: Check if this is community property (see instructions)

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Case 21-57519-bem

Case 21-57519-bem Filed 10/07/21 Entered 10/07/21 11:29:11 Page 23 of 59 **BRITTNY** Debtor 1 Case number (if know Who has an interest in the property? Check one. Do not deduct secured claims or exemptions. Put Make: 3.3. the amount of any secured claims on Schedule D: Debtor 1 only Model: Creditors Who Have Claims Secured by Property. Debtor 2 only Year: Current value of the Current value of the Debtor 1 and Debtor 2 only entire property? portion you own? Approximate mileage: At least one of the debtors and another Other information: ☐ Check if this is community property (see instructions) Who has an interest in the property? Check one. Make: Do not deduct secured claims or exemptions. Put 3.4. the amount of any secured claims on Schedule D: Debtor 1 only Model: Creditors Who Have Claims Secured by Property. Debtor 2 only Year: Current value of the Current value of the Debtor 1 and Debtor 2 only entire property? portion you own? Approximate mileage: At least one of the debtors and another Other information: Check if this is community property (see instructions)

4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories **1** No Yes Who has an interest in the property? Check one. Do not deduct secured claims or exemptions. Put Make: 4.1. the amount of any secured claims on Schedule D: Debtor 1 only Model: Creditors Who Have Claims Secured by Property. Debtor 2 only Year: Debtor 1 and Debtor 2 only Current value of the Current value of the Other information: At least one of the debtors and another entire property? portion you own? ☐ Check if this is community property (see instructions) If you own or have more than one, list here: Who has an interest in the property? Check one. Do not deduct secured claims or exemptions. Put 4.2. Make: the amount of any secured claims on Schedule D: Debtor 1 only Creditors Who Have Claims Secured by Property. Model: Debtor 2 only Year: Current value of the Current value of the Debtor 1 and Debtor 2 only portion you own? entire property? Other information: At least one of the debtors and another Check if this is community property (see

5. Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for pages you have attached for Part 2. Write that number here

instructions)

0.00

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Debtor 1

BRITTNY

RÓBĬI

Case number (if known)

Part 3: **Describe Your Personal and Household Items** Current value of the Do you own or have any legal or equitable interest in any of the following items? portion you own? Do not deduct secured claims or exemptions. 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware 1 Couch, 1 chair, 3 bed, dishes, tables, stove, refrierator, dishes Yes. Describe...... 2.000.00 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games 1 cell, 3 TV's, 1 laptop, 1 printer Yes, Describe...... 1,500,00 Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles No No ☐ Yes. Describe...... 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools; musical instruments No ☐ Yes. Describe...... 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment No ☐ Yes. Describe...... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories clothes Yes. Describe...... 500.00 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver No ☐ Yes. Describe...... 13. Non-farm animals Examples: Dogs, cats, birds, horses ✓ No ☐ Yes. Describe...... 14. Any other personal and household items you did not already list, including any health aids you did not list No

15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached

Yes, Give specific information,

for Part 3. Write that number here

4,000.00

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3RIT	TNY	

Debtor 1

i-t Maron	Middle Nome
RHINY	

Case number (If known)

Part 4: Describe You	ır Financial Assets			
Do you own or have any I	Current value of the portion you own? Do not deduct secured claims			
				or exemptions.
16. Cash <i>Examples:</i> Money you h	nave in your wallet, in your hom	ne, in a safe deposit box, and on hand when	you file your petition	
□ No				
☐ Yes			Cash:	\$
17. Deposits of money Examples: Checking, so and other sin	avings, or other financial accou milar institutions. If you have m	ents; certificates of deposit; shares in credit u ultiple accounts with the same institution, list	nions, brokerage houses, each.	
Yes		Institution name:		
	17.1. Checking account:	bank of america		\$ 300.00
	17.2. Checking account:			\$
	17.3. Savings account:			\$
	17.4. Savings account:			\$
	17.5. Certificates of deposit:			\$
	17.6. Other financial account:			\$
	17.7. Other financial account:			\$
	17.8. Other financial account:			\$
	17.9. Other financial account:			\$
	,			
18. Bonds, mutual funds, Examples: Bond funds, ☑ No		erage firms, money market accounts		
Yes	Institution or issuer name:			
				\$
				\$
				\$
19. Non-publicly traded so		rated and unincorporated businesses, inc	cluding an interest in	
☑ No	Name of entity:		% of ownership:	
Yes. Give specific information about			%	\$
them			%	\$
			%	\$

Debtor 1

Case 21-3/319-belli	DOCT FIIEUT	0/07/21 Entered 10/07/21 11.29.11	Desc
BRITTNY	Petition ROBINSON	Page 26 of 59 Case number (If known)	
First Name Middle Name	Last Name		
NAMES TO BE A STREET OF THE PROPERTY OF THE PR	THE THE WAY SEE AND THE WAY SEE AND THE CONTROL OF	q_{AAB}, a_{BBB}, a	~ ** ** ** ** ** ** ** ** ** ** ** ** **

	nclude personal chec	er negotiable and non-negotiable instruments ks, cashiers' checks, promissory notes, and money orders. nnot transfer to someone by signing or delivering them.	
☑ No ☑ Yes. Give specific	Issuer name:		
information about them			\$
			\$
			\$
Retirement or pension	accounts		
•	RA, ERISA, Keogh, 4	01(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans	3
₫ No			
Yes. List each	Turns of accounts	In ability time manager	
account separately.	Type of account:	Institution name:	
	401(k) or similar plan:		\$
	Pension plan:		\$
	IRA:		\$
	Retirement account:		\$
	Keogh:		\$
	Additional account:		\$
	Additional account:		\$
•			\$
Your share of all unused Examples: Agreements	prepayments d deposits you have n	nade so that you may continue service or use from a company d rent, public utilities (electric, gas, water), telecommunications	\$
Your share of all unused Examples: Agreements companies, or others	prepayments d deposits you have n	nade so that you may continue service or use from a company	\$
Your share of all unused Examples: Agreements companies, or others No	prepayments d deposits you have n with landlords, prepa	nade so that you may continue service or use from a company	\$
Your share of all unused Examples: Agreements companies, or others No	prepayments d deposits you have n with landlords, prepa	nade so that you may continue service or use from a company d rent, public utilities (electric, gas, water), telecommunications	\$ \$
Your share of all unused Examples: Agreements companies, or others No	prepayments d deposits you have n with landlords, prepa	nade so that you may continue service or use from a company d rent, public utilities (electric, gas, water), telecommunications	\$ \$
Your share of all unused Examples: Agreements companies, or others No	prepayments d deposits you have n with landlords, prepa	nade so that you may continue service or use from a company d rent, public utilities (electric, gas, water), telecommunications stitution name or individual:	\$\$
Your share of all unused Examples: Agreements companies, or others No	prepayments d deposits you have n with landlords, prepa In Electric: Gas: Heating oii:	nade so that you may continue service or use from a company d rent, public utilities (electric, gas, water), telecommunications stitution name or individual:	\$\$ \$\$
Your share of all unused Examples: Agreements companies, or others No	prepayments d deposits you have n with landlords, prepa In Electric: Gas: Heating oil: Security deposit on re	nade so that you may continue service or use from a company d rent, public utilities (electric, gas, water), telecommunications stitution name or individual:	\$\$ \$\$
Your share of all unused Examples: Agreements companies, or others No	prepayments d deposits you have n with landlords, prepa In Electric: Gas: Heating oil: Security deposit on re	nade so that you may continue service or use from a company d rent, public utilities (electric, gas, water), telecommunications stitution name or individual:	\$\$ \$\$
Your share of all unused Examples: Agreements companies, or others No	prepayments d deposits you have n with landlords, prepa In Electric: Gas: Heating oil: Security deposit on re Prepaid rent: Telephone:	nade so that you may continue service or use from a company d rent, public utilities (electric, gas, water), telecommunications stitution name or individual:	\$\$ \$\$ \$\$
Your share of all unused Examples: Agreements companies, or others No	prepayments d deposits you have n with landlords, prepa In Electric: Gas: Heating oil: Security deposit on re	nade so that you may continue service or use from a company d rent, public utilities (electric, gas, water), telecommunications stitution name or individual:	\$\$\$\$\$\$\$\$
Your share of all unused Examples: Agreements companies, or others No	prepayments d deposits you have n with landlords, prepa In Electric: Gas: Heating oil: Security deposit on re Prepaid rent: Telephone:	nade so that you may continue service or use from a company d rent, public utilities (electric, gas, water), telecommunications stitution name or individual:	\$\$ \$\$ \$\$ \$\$
Your share of all unused Examples: Agreements companies, or others No	prepayments d deposits you have n with landlords, prepa In Electric: Gas: Heating oil: Security deposit on re Prepaid rent: Telephone: Water:	nade so that you may continue service or use from a company d rent, public utilities (electric, gas, water), telecommunications stitution name or individual:	\$\$\$\$\$\$\$\$
Your share of all unused Examples: Agreements companies, or others No	prepayments d deposits you have n with landlords, prepa In Electric: Gas: Heating oil: Security deposit on re Prepaid rent: Telephone: Water: Rented furniture:	nade so that you may continue service or use from a company d rent, public utilities (electric, gas, water), telecommunications stitution name or individual:	\$\$\$\$\$\$\$\$
Your share of all unused Examples: Agreements companies, or others No Yes	prepayments d deposits you have n with landlords, prepa In Electric: Gas: Heating oil: Security deposit on re Prepaid rent: Telephone: Water: Rented furniture: Other:	nade so that you may continue service or use from a company d rent, public utilities (electric, gas, water), telecommunications stitution name or individual:	\$\$\$\$\$\$\$\$
Your share of all unused Examples: Agreements companies, or others No Yes	prepayments d deposits you have n with landlords, prepa In Electric: Gas: Heating oil: Security deposit on re Prepaid rent: Telephone: Water: Rented furniture: Other:	nade so that you may continue service or use from a company d rent, public utilities (electric, gas, water), telecommunications stitution name or individual:	\$\$\$\$\$\$\$\$
Your share of all unused Examples: Agreements companies, or others No Yes Annuities (A contract for No	prepayments d deposits you have n with landlords, prepa In Electric: Gas: Heating oil: Security deposit on re Prepaid rent: Telephone: Water: Rented furniture: Other:	nade so that you may continue service or use from a company d rent, public utilities (electric, gas, water), telecommunications stitution name or individual: Intal unit: Of money to you, either for life or for a number of years)	\$\$\$\$
Your share of all unused Examples: Agreements companies, or others No Yes Annuities (A contract for No	prepayments d deposits you have n with landlords, prepa In Electric: Gas: Heating oil: Security deposit on re Prepaid rent: Telephone: Water: Rented furniture: Other:	nade so that you may continue service or use from a company d rent, public utilities (electric, gas, water), telecommunications stitution name or individual: Intal unit: Of money to you, either for life or for a number of years)	\$\$\$\$\$\$
Examples: Agreements companies, or others No Yes	prepayments d deposits you have n with landlords, prepa In Electric: Gas: Heating oil: Security deposit on re Prepaid rent: Telephone: Water: Rented furniture: Other:	nade so that you may continue service or use from a company d rent, public utilities (electric, gas, water), telecommunications stitution name or individual: Intal unit: Of money to you, either for life or for a number of years)	\$\$\$\$\$\$\$\$

Case 21-57519-bem Doc 1 Filed 10/07/21 Entered 10/07/21 11:29:11 Desc

Dobtor 1 BRITTNY ROBINSON Case number (if known)_____

allitima o reportinta della tratta della tratta di proposito della della composita della di composita della della tratta della tratta della della composita della comp	AND SOME THE STATE OF THE STATE	\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	and the second of the contraction of the contractio
	-	unt in a qualified ABLE program, or under a qualified state tuition program.	
26 U.S.C. §§ 530(b)(1), 529A(l	o), and 529(t)(1). ;	
☑ No ☐ Yes			
Yes	Institution n	ame and description. Separately file the records of any interests.11 U.S.C. § 521(c)	:
			\$
			\$
			Ψ
			Ф
Of Trucks anditable or future in	taraata in n	vaporty (ather than enothing listed in line 1) and rights or negrous	
exercisable for your benefit	terests in pi	roperty (other than anything listed in line 1), and rights or powers	
☑ No			
Yes. Give specific			}
information about them			\$
1	,		
		ecrets, and other intellectual property	
•	mes, website	es, proceeds from royalties and licensing agreements	
☑ No .			7
Yes. Give specific information about them			\$
injoimation about them		and through promoted of the paper and the pa	j Ψ
27. Licenses, franchises, and ot	her deneral	intangibles	
	_	nses, cooperative association holdings, liquor licenses, professional licenses	•
☑ No			
Yes. Give specific			1
information about them			\$
į			7
Money or property owed to you	?		Current value of the
			portion you own? Do not deduct secured
			claims or exemptions.
28. Tax refunds owed to you			
☑ No			
Yes. Give specific information		Federal:	\$
about them, including you already filed the r		State:	*
and the tax years			ν
		Local:	· .
29. Family support	!!		-1
•	um allmony,	spousal support, child support, maintenance, divorce settlement, property settlement	11
No	···		
Yes. Give specific information	iion	Alimony:	\$
		Maintenance:	\$
		Support:	\$
		Divorce settlement:	\$
		Property settlement:	\$
	İ	1	
	ability insura	nce payments, disability benefits, sick pay, vacation pay, workers' compensation,	
Social Security ber		l loans you made to someone else	
☑ No			-1
Yes. Give specific information	tion		
			\$

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Debtor 1

BRITTNY		Petitio ROBINSO	n Page 28 of 59 N Case nu
First Name	Middle Name	Last Name	

31.	Interests in insurance policies Examples: Health, disability, or life insurance No	ce; health savings account (HS	A); credit, homeov	wner's, or renter's insurance	The control of the co
	Yes. Name the insurance company of each policy and list its value	Company name:		Beneficiary:	Surrender or refund value:
				·	\$
					\$
					\$
32.	Any interest in property that is due you If you are the beneficiary of a living trust, exproperty because someone has died. No	xpect proceeds from a life insu		e currently entitled to receive	
	Yes. Give specific information				\$
33.	Claims against third parties, whether or Examples: Accidents, employment dispute No Yes. Describe each claim			nd for payment	
					\$
34.	Other contingent and unliquidated claim to set off claims No	s of every nature, including	counterclaims of	the debtor and rights	
	Yes. Describe each claim				\$
	!.		and and the second of the second		
35	Any financial assets you did not already	/ list			
	No Yes. Give specific information				\$
36	Add the dollar value of all of your entrie for Part 4. Write that number here				\$ 300.00
	. I vivi si se e e e e e e e e e e e e e e e e	er van 1900, is ne en voor 1900 en versteren in 2000 en van voor de seenste seenste seenste konsteren.	- «Фей» - «С. у на того положей об на със дествен и на того без «С того го соска вай	мет то то по при пред то по пред то по пред то по по пред то по	and wanter-out controvation conveniences and analysis and accompanies suppose that which is a second of
Pa	ort 5: Describe Any Business-l	Related Property You (Own or Have	an Interest In. List any r	eal estate in Part 1.
37.	Do you own or have any legal or equitab	ole interest in any business-r	elated property?		
	No. Go to Part 6.✓ Yes. Go to line 38.				
	2 Yes, Go to line 38.				Current value of the portion you own? Do not deduct secured claims or exemptions.
38	Accounts receivable or commissions yo	ou already earned			
	No	V			7
	Yes. Describe				\$
39	Office equipment, furnishings, and supplexamples: Business-related computers, software		achines, rugs, teleph	iones, desks, chairs, electronic devices	- 1
	Yes. Describe			TT and the state of the state o	\$
	grande statue and the second state of the second state of the second second second second second second second	erinne og i ag være skunne fyrik kommenten til stillet til stillet om en symmetere en en en stillet til stille	tration and comments attraction are substituted in the section	dilikka pausanak arah samungan marah dilikmana na isah sinah kasananan asah kisas asah marah dilikmisas asah s	and and the second of the seco

	Case 21	L-5/519-be	em Doc	1 Filed Petition		Entered 10/0 of 59)//21 11:29	:11 Desc	
Debtor 1	BRITTNY First Name	Middle Name	Last Name	ROBINSON			own)		
	t nat Hamb	Middle Hallie	Last Name						
0. Machine	erv. fixtures. e	guipment, supr	olies vou use i	in business, ar	ıd tools of your	· trade			
□ No	,,		·	•	_				
	Describe		4-4-7 271 745	······································				_	
						, miles	<u></u>		
1. Invento	n.								
□ No	' y							~_1	
Yes	Describe							\$	
	i.							_	
2. Interest	s in partnersh	ips or joint ven	tures						
☐ No									
☐ Yes	Describe	Name of entity:					% of ownership:		
							%	\$	
							%	\$	
							%	Φ	
3. Custom	er lists, mailin	g lists, or othe	r compilations	s					
☐ No									
∟ Yes	-	include persor	ially identifiat	ole information	(as defined in 1	1 U.S.C. § 101(41A)))?		
	☐ No☐ Yes. Desc		arge milester (1920) page par artificiant (1930) again, again again ar ar ar ar ar ar					7	
	— 103. D030							\$	
	-!l=41	L					***************************************		
4. Any bu:	siness-related	property you o	lia not aiready	y iist					
	. Give specific							\$	
info	rmation								
								\$	
							 _	\$ \$	
								\$ \$	
								¢	
						pages you have atta		\$	0.00
1011 411					Skeer edgestoodkoodkoodkoogspagereetska koodkoodkoodkoodkood taska		_	L	
- ye - 111 - 121 - 141	in the property of the second second	na na thail in na an aid air na aidteach a thail	nerval responsible of a service of	29 3.2 5.45. T 5 6 T 3440000400467900	- Anne alle control and a series of the seri		a Comment of the Comm	hadd gwygologog y e'r chaddiffogogggagargagaithau diffoliog, gwygo	
Part 6:						y You Own or Hav	e an Interest l	n.	
	If you own o	r have an intere	st in farmlan	d, list it in Part	1. 	<u> </u>			
is. Do vou	own or have a	ınv legal or egu	uitable interes	t in anv farm- o	or commercial f	ishing-related prop	ertv?		
	Go to Part 7.			•			•		
Yes	. Go to line 47.								
								Current value portion you ov	
								Do not deduct se	
17. Farm a	nimals							or exemptions.	

Examples: Livestock, poultry, farm-raised fish ☐ No

Q Yes.....

Entered 10/07/21 11:29:11 Case 21-57519-bem Filed 10/07/21 Page 30 of 59 BRITTNY Debtor 1 Case number (if kr 48. Crops-either growing or harvested ☐ No ☐ Yes. Give specific information.... 49. Farm and fishing equipment, implements, machinery, fixtures, and tools of trade ☐ No ☐ Yes..... 50. Farm and fishing supplies, chemicals, and feed □ No ☐ Yes..... 51. Any farm- and commercial fishing-related property you did not already list ☐ No ☐ Yes. Give specific information..... 52. Add the dollar value of all of your entries from Part 6, including any entries for pages you have attached for Part 6. Write that number here Describe All Property You Own or Have an Interest in That You Did Not List Above Part 7: 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership ☑ No ☐ Yes. Give specific information..... 54. Add the dollar value of all of your entries from Part 7. Write that number here List the Totals of Each Part of this Form Part 8: 0.00 55, Part 1: Total real estate, line 2 0.00 56, Part 2: Total vehicles, line 5 4,000.00 57. Part 3: Total personal and household items, line 15 300.00 58. Part 4: Total financial assets, line 36 0.00 59. Part 5: Total business-related property, line 45 0.00 60. Part 6: Total farm- and fishing-related property, line 52 0.00 61. Part 7: Total other property not listed, line 54 4,300.00 4,300.00 62. Total personal property. Add lines 56 through 61. Copy personal property total 4.300.00 63. Total of all property on Schedule A/B. Add line 55 + line 62.....

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				3
Fill in this in	formation to iden	tify your case:		
Debtor 1	BRITTNY	RO	BINSON	
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse, if filing)	First Name	Middle Name	Last Name	
United States I	Bankruptcy Court for t	the:Northern District of Geo	orgia	~
Case number (If known)				

Official Form 106C

Schedule C: The Property You Claim as Exempt

04/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

Part 1:

Identify the Property You Claim as Exempt

1.	Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.	
----	---	--

- You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Brief description of the property and line on Schedule A/B that lists this property		Current value of the portion you own	Amount of the exemption you claim	Specific laws that allow exemption
		Copy the value from Schedule A/B	Check only one box for each exemption.	
Brief description:	3920 Augustine Pl	\$ <u>195,000.00</u>	≥ \$ 20,000.00	44-13-100(a)(1)
Line from Schedule A/B:	1.1		□ 100% of fair market value, up to any applicable statutory limit	·
Brief description:	2013 Mercedes Benz	\$ <u>19,000.00</u>	☑ \$ 19,000.00	.44-13-100(a)(3)
Line from Schedule A/B:	3.1		■ 100% of fair market value, up to any applicable statutory limit	
Brief description:	Household Goods	\$ <u>2,000.00</u>	2 \$ 2,000.00	44-13-100(a)(4)
Line from Schedule A/B:	6		■ 100% of fair market value, up to any applicable statutory limit	

3.	Are you claiming a homestead exemption of more than \$170,350?
	(Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.)
	☑ No
	Yes. Did you acquire the property covered by the exemption within 1.215 days before you filed this case?

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Debtor 1

BRITTNY

ROBINSON

First Name

Additional Page

Middle Name

Last Name

Case number (if known)

Brief description of the property and line on Schedule A/B that lists this property		Current value of the portion you own		Amount of the exemption you claim	Specific laws that allow exemption		
			he value from ule A/B	Check only one box for each exemption			
Brief description:	Electronics	\$	1,500.00	2 \$1,500.00	44-13-100(a)(4)		
Line from Schedule A/B:	7			☐ 100% of fair market value, up to any applicable statutory limit			
Brief description:	Clothes	\$	500.00	☑ \$ 500.00	44-13-100(a)(4)		
Line from Schedule A/B:	11			☐ 100% of fair market value, up to any applicable statutory limit			
Brief description:	Bank of america	\$	300.00	g \$300.00	44-13-100(a)(6)		
Line from Schedule A/B:	<u>17</u>			☐ 100% of fair market value, up to any applicable statutory limit			
Brief description:		\$					
Line from Schedule A/B:				☐ 100% of fair market value, up to any applicable statutory limit			
Brief description:		\$		□ \$ □ 100% of fair market value, up to			
Line from Schedule A/B:				any applicable statutory limit			
Brief description:		\$		S			
Line from Schedule A/B:				☐ 100% of fair market value, up to any applicable statutory limit			
Brief description:		\$		□ \$			
Line from Schedule A/B:				☐ 100% of fair market value, up to any applicable statutory limit			
Brief description:		\$		☐ \$ ☐ 100% of fair market value, up to			
Line from Schedule A/B:				any applicable statutory limit			
Brief description:		\$					
Line from Schedule A/B:				☐ 100% of fair market value, up to any applicable statutory limit			
Brief description:		\$		□ \$			
Line from Schedule A/B:	. 			☐ 100% of fair market value, up to any applicable statutory limit			
Brief description:		\$		□ \$ □ 100% of fair market value, up to			
Line from Schedule A/B:	·			any applicable statutory limit			
Brief description:	·	. \$		□ \$			
Line from Schedule A/B:	, 			100% of fair market value, up to any applicable statutory limit			

Case 21-57519-hem Filed 10/07/21

Case	Z1-37313-0 C 11	Petition Page 33 of 5	i9	
Fill in this information	to identify your cas	e:		
Pohtor 1 BRITTNY		ROBINSON		
Debtor 1 First Name	Middle N			
Debtor 2 (Spouse, if filing) First Name	Middle N	lame Last Name		
United States Bankruptcy C	court for the Northern	District of Georgia	•	
	Supplied the state of			
Case number(If known)				Check if this is an
				amended filing
Official Form	106D			
	 	s Who Have Claims Sec	cured by Property	12/15
Be as complete and ac	curate as possible.	If two married people are filing together, both y the Additional Page, fill it out, number the er	ı are equally responsible for supply ntries, and attach it to this form. On	ing correct the top of any
additional pages, write	ace is needed, cop your name and cas	y the Additional Page, thi it out, number the er se number (if known).	miles, and adach it to this form. On	the top of any
	•	,		
1. Do any creditors hav				
		m to the court with your other schedules. You hav	ve nothing else to report on this form.	
Yes. Fill in all of the	ne information below.	•		
Part 1: List All Sec	cured Claims		Column A	B Column C
for each claim. If mor	re than one creditor h	more than one secured claim, list the creditor sepa nas a particular claim, list the other creditors in Pa habetical order according to the creditor's name.	arately Amount of claim. Value of	collateral Unsecured ports this portion
PENNYMAC		Describe the property that secures the claim:	\$ 175,000.00 \$ 195	5,000.00 _{\$} 0.00
Creditor's Name	7	3920 Augustine Place		
Number Street		-		
		As of the date you file, the claim is: Check all th	at apply.	
LOC ANCELES	CA 90051	Contingent		
LOS ANGELES	CA 90051 State ZIP Code	Unliquidated Disputed		
Who owes the debt? C		Nature of lien. Check all that apply.		
_	neck one.	Nature of field. Check all that apply. ✓ An agreement you made (such as mortgage or s	popurad	
☐ Debtor 1 only☐ Debtor 2 only		An agreement you made (such as mortgage or s car loan)	secured	
Debtor 1 and Debtor	2 only	Statutory lien (such as tax lien, mechanic's lien)		
At least one of the de	•	Judgment lien from a lawsuit		
☐ Check if this claim	relates to a	Other (including a right to offset)		
community debt	Total Co. Co.			
Date debt was incurre	d	Last 4 digits of account number	40.052.00	0.000.00
SANTANDER		Describe the property that secures the claim:	\$ 16,653.00 <u>\$ 1</u>	9,000.00 \$ 0.00
Creditor's Name PO BOX 66063	3	2017 Mercedes Benz C300		
Number Street	<u> </u>			
		As of the date you file, the claim is: Check all the	nat apply.	
	TV 75000	Contingent		
DALLAS City	TX 75266 State ZIP Code	Unliquidated Disputed		
•				
Who owes the debt?	леск опе.	Nature of lien. Check all that apply.		
☐ Debtor 1 only☐ Debtor 2 only		An agreement you made (such as mortgage or some car loan)	secured	
Debtor 2 only Debtor 1 and Debtor	2 only	Statutory lien (such as tax lien, mechanic's lien)	ı	
At least one of the de		Judgment lien from a lawsuit		
		Other (including a right to offset)		

191,653.00

Last 4 digits of account number

Add the dollar value of your entries in Column A on this page. Write that number here:

Date debt was incurred

☐ Check if this claim relates to a community debt

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Fill in this	information to ider	itify your case:			(٠,
Debtor 1	BRITTNY	Middle Name	ROBINSON Last Name			*	•
Debtor 2 (Spouse, if fili	ing) First Name	Middle Name	Last Name				
		the: Northern District of 0	Georgia	.			
Case numb (If known)	er		·				Check if this is an amended filing

Official Form 106E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. Lust the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. On the top of any additional pages, write your name and case number (if known).

an	additional pages, write your name and case number (if known).						
Pa	rt 1: List All of Your PRIORITY Unsecure	d Claims		····			
1.	Do any creditors have priority unsecured claims ☑ No. Go to Part 2. ☐ Yes.	against you?			1		
2.	each claim listed, identify what type of claim it is, if a nonpriority amounts. As much as possible, list the c unsecured claims, fill out the Continuation Page of I	editor has more than one priority unsecured claim, list that a claim has both priority and nonpriority amounts, list that laims in alphabetical order according to the creditor's napart 1. If more than one creditor holds a particular claim	at claim here ar ame. If you hav	nd show both p e more than tv	oriority and vo priority		
	(For an explanation of each type of claim, see the in	structions for this form in the instruction booklet.)	Total claim	Priority amount	Nonpriority amount		
2.1	Priority Creditor's Name	Last 4 digits of account number	\$	\$	\$		
	Number Street	When was the debt incurred?			:		
2.2	City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes Priority Creditor's Name	As of the date you file, the claim is: Check all that apply Contingent Unliquidated Disputed Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated Other. Specify Last 4 digits of account number When was the debt incurred? As of the date you file, the claim is: Check all that apply	de ver maldrennen Brinnsta i Persusta för				
	City State ZIP Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes	Contingent Unliquidated Disputed Type of PRIORITY unsecured claim: Domestic support obligations Taxes and certain other debts you owe the government Claims for death or personal injury while you were intoxicated. Other. Specify			•		

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Debtor 1

	First Name Middle Name	Last Name						
ar	List All of Your NONPRIORI	TY Uns	ecured Claim	s .				
[Do any creditors have nonpriority unser No. You have nothing to report in this Yes		- •					
r ii	conpriority unsecured claim, list the credit	or separa or holds a	itely for each cla	I order of the creditor who holds each claim. If a creditor has im. For each claim listed, identify what type of claim it is. Do not , list the other creditors in Part 3.If you have more than three no	list cla	ims already		
			٠		Tota	al claim		
	DELTA CREDIT UNION Nonpriority Creditor's Name		·····	Last 4 digits of account number	\$ <u>-</u> _	13,000.00		
٠.	3250 RIVERWOOD PKWY			When was the debt incurred?				
	ATLANTA	GA State	30339 ZIP Code	As of the date you file, the claim is: Check all that apply.				
	Oily	, and	Zii Çode	Contingent.				
	Who incurred the debt? Check one.			Unliquidated				
	Debtor 1 only			☐ Disputed				
	Debtor 2 only							
	Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:				
	At least one of the debtors and another			Student loans				
	☐ Check if this claim is for a communi	ty debt		Obligations arising out of a separation agreement or divorce				
	Is the claim subject to offset?			that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	8			
	□ No			Other. Specify				
	Yes							
1	DISCOVER	ಷ ಕಾರ್ಯ್ಯವಾಗಿ ಕರ್ಗಳು ಬ	rangan sa katawa 1922 - 1937, ing pang pang manganga	Last 4 digits of account number	\$	4,000.00		
_	Nonpriority Creditor's Name			When was the debt incurred?				
	PO BOX 15316			· 				
	Number Street	DE	19850	As of the date you file, the claim is: Check all that apply.				
		State	ZIP Code	_				
		•		☐ Contingent☐ Unliquidated				
	Who incurred the debt? Check one.			Disputed				
	Debtor 1 only			an Disputed				
	Debtor 2 only Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:				
	At least one of the debtors and another			Student loans				
	_			Obligations arising out of a separation agreement or divorce				
	Check if this claim is for a communi	ty debt		that you did not report as priority claims				
	Is the claim subject to offset?			Debts to pension or profit-sharing plans, and other similar debt				
	No .			Other. Specify				
·—	Yes	ervano tendos co	e vandagoskopressiajenoso a -objektojeno	$\frac{1}{2}$	**************************************	eluktik kes a verkentik aparensa, ib ti oa "		
3	CREDIT ONE		,	Last 4 digits of account number	•	3,200.00		
	Nonpriority Creditor's Name			When was the debt incurred?	a			
	6801 S. CIMARRON RD							
	Number Street LAS VEGAS	NV	89193					
		State	ZIP Code .	As of the date you file, the claim is: Check all that apply.				
•	•			Contingent				
	Who incurred the debt? Check one.			☐ Unliquidated				
	Debtor 1 only			☐ Disputed				
	Debtor 2 only Debtor 1 and Debtor 2 only							
	At least one of the debtors and another			Type of NONPRIORITY unsecured claim:				
				☐ Student loans				
	☐ Check if this claim is for a commun	ty debt		Obligations arising out of a separation agreement or divorce				
	is the claim subject to offset?			that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts	s			
	☐ No			Other. Specify				
	☐ Yes							

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Debtor 1

Your NONPRIORITY Unsecured Claims - Continuation Page Part 2: Arter listing any entries on this page, number them beginning with 4.4, followed by 4.5, and so forth. Total claim 4.4 Last 4 digits of account number 250.00 CREDIT FIRST Nonpriority Creditor's Name When was the debt incurred? PO BOX 81315 Street As of the date you file, the claim is: Check all that apply. OH 44181 **CLEVELAND** State ZIP Code Cilv ☐ Unliquidated Who incurred the debt? Check one. Disputed Debtor 1 only Debtor 2 only Type of NONPRIORITY unsecured claim: Debtor 1 and Debtor 2 only ☐ Student loans At least one of the debtors and another Obligations arising out of a separation agreement or divorce that you did not report as priority claims Check if this claim is for a community debt Debts to pension or profit-sharing plans, and other similar debts Is the claim subject to offset? Other, Specify □ No ☐ Yes 4.5 210.00 Last 4 digits of account number AMERICAN SIGNATURE Nonpriority Creditor's Name When was the debt incurred? PO BOX 965036 Number Street As of the date you file, the claim is: Check all that apply. FL 32896 ORLANDO Stale ZIP Code Contingent Un!iquidated Who incurred the debt? Check one. Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Debtor 1 and Debtor 2 only ☐ Student loans At least one of the debtors and another Obligations arising out of a separation agreement or divorce that you did not report as priority claims Check if this claim is for a community debt Debts to pension or profit-sharing plans, and other similar debts is the claim subject to offset? Other, Specify ☐ Nó ☐ Yes 900,00 4.6 Last 4 digits of account number BANK OF AMERICA Nonpriority Creditor's Name When was the debt incurred? PO BOX 982238 Number As of the date you file, the claim is: Check all that apply. **EL PASO** 79998 TX ZIP Code Contingent City State ☐ Unliquidated Who incurred the debt? Check one. ☐ Disputed Debtor 1 only Type of NONPRIORITY unsecured claim: Debtor 2 only Debtor 1 and Debtor 2 only Cl Student loans At least one of the debiors and another Obligations arising out of a separation agreement or divorce that you did not report as priority claims Check if this claim is for a community debt Debts to pension or profit-sharing plans, and other similar debts Is the claim subject to offset? Other, Specify_ ☐ No

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Debtor 1

BRITTNY

Middle Name

Last Nam

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Type of NONPRIORITY unsecured claim;

you did not report as priority claims

Other. Specify

Obligations arising out of a separation agreement or divorce that

Debts to pension or profit-sharing plans, and other similar debts

Cl Student loans

After	listing any entries on this page, nu	mber the	m beginning witi	h 4.4, followed by 4.5, and so forth.	Total claim
1.7	W S BABCOCK			Last 4 digits of account number	\$250.0
	Nonpriority Creditor's Name 200 NPHOSPHATE BLVD			When was the debt incurred?	
	Number Street MULBERRY	FL	33860 ZIP Code	As of the date you file, the claim is: Check all that apply.	•
	City Who incurred the debt? Check one.	State	ZIP Code	☐ Contingent ☐ Unliquidated ☐ Disputed	
	Debtor 1 only Debtor 2 only			Type of NONPRIORITY unsecured claim:	
	Debtor 1 and Debtor 2 only At least one of the debtors and another			Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	☐ Check if this claim is for a commu Is the claim subject to offset?	nity debt		Debts to pension or profit-sharing plans, and other similar debts Other. Specify	
	□ No □ Yes				
1.8	WARANGE PARTITION OF THE STATE	e - Yanda Antalana - Datau	Roger Book with the State of Sta	Last 4 digits of account number	\$ 700.0
	Nonpriority Creditor's Name 6200 SPRINT PKWY			When was the debt incurred?	
	Number Street OVERLAND PARK City	KS State	66251	As of the date you file, the claim is: Check all that apply.	
	Who incurred the debt? Check one.	SINE	ZIF Code	Contingent Unliquidated Disputed	
	☐ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only			Type of NONPRIORITY unsecured claim:	
	At least one of the debtors and another			 Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims 	
	☐ Check if this claim is for a commuls the claim subject to offset?	nity debt		Debts to pension or profil-sharing plans, and other similar debts Other. Specify	
	☐ No ☐ Yes				
1.9	ALCOA BILLING CENTER	la carate sonat patago menega	ramovski, sjek semiriž ravjenskima aznalivlja, b	Last 4 digits of account number	\$ 278.0
	Nonpriority Creditor's Name 3429 REGAL DR			When was the debt incurred?	
	Number Street ALCOA	TN	37701	As of the date you file, the claim is: Check all that apply.	•
	City	State	ZIP Code	Contingent	

No Yes

Debtor 2 only

Debtor 1 and Debtor 2 only

Is the claim subject to offset?

At least one of the debtors and another

☐ Check if this claim is for a community debt

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Debtor 1

BRITTNY First Name

fter listing any entries on this page, number th	em beginning with	4.4, followed by 4.5, and so forth.	· Tot	al claim
CREDIT COLLECTION SERVICE		Last 4 digits of account number	\$	270.00
Nonpriority Creditor's Name 725 CANTON ST		When was the debt incurred?		
Number Street NORWOOD MA	02062	As of the clate you file, the claim is: Check all that apply.		
City State Who incurred the debt? Check one. Debtor 1 only	ZIP Code	Contingent Unliquidated Disputed		
Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another		Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
☐ Check if this claim is for a community debits the claim subject to offset? ☐ No ☐ Yes	i	Debts to pension or profit-sharing plans, and other similar debts Other. Specify		<i>τ</i> .
WINDHAM PROFESSIONALS	ে এ আন্তর্ভা কি প্রতিষ্ঠান বিশ্ববিদ্যালয় করি করি করি করি করি করি করি করি স্থানিক করি করি করি করি করি করি করি ক	Last 4 digits of account number	\$	200.0
Nonpriority Creditor's Name 380 MAIN ST		When was the debt incurred?		
Number Street SALEM NH	03079	As of the date you file, the claim is: Check all that apply.		
City State Who incurred the debt? Check one. Debtor 1 only	ZIP Code	☐ Contingent☐ Unliquidated☐ Disputed		
Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another		Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that	-	
☐ Check if this claim is for a community deb Is the claim subject to offset? ☐ No ☐ Yes	t	you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify		
TIRES PLUS	inguumi, uutaa Makela esikki erikki akki seketaki Erakkasi uutubatuut Erimine e	Last 4 digits of account number	\$	1,000.0
Nonpriority Creditor's Name PO BOX 81083		When was the debt incurred?		
Number Street CLEVELAND OH	44181	As of the date you file, the claim is: Check all that apply.		
City State Who incurred the debt? Check one.	ZIP Code	☐ Contingent ☐ Unliquidated ☐ Disputed		
Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only		Type of NONPRIORITY unsecured claim:		
At least one of the debtors and another		 Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims 		
☐ Check if this claim is for a community deb Is the claim subject to offset? ☐ No ☐ Yes	.	Debts to pension or profit-sharing plans, and other similar debts Other. Specify		

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ROBINSON Page 39 of 59
Case number (if known)

Debtor 1

BRITTNY Middle Name First Name

D	•	

Your NONPRIORITY Unsecured Claims - Continuation Page

ter listing any entries on this page, nur	nber ther	n beginning with	1 4.4, followed by 4.5, and so forth.	Tota	ai claim
PREFESSIONAL ACCOUNT N	MNGT		Last 4 digits of account number	\$	80.0
Nonpriority Creditor's Name 633 W. WISCONSIN AVE.			When was the debt incurred?		
Number Street MILWAUKEE	WI	53203	As of the clate you file, the claim is: Check all that apply.		
City	State	ZIP Code	Contingent Unliquidated		
Who incurred the debt? Check one. Debtor 1 only			Disputed		
Debtor 2 only Debtor 1 and Debtor 2 only	•		Type of NONPRIORITY unsecured claim:		
At least one of the debtors and another			 Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims 		
☐ Check if this claim is for a communus ls the claim subject to offset?	nity debt		Debts to pension or profit-sharing plans, and other similar debts Other. Specify		
□ No			to this, spoory		
☐ Yes			የመኖሪያ የመመስከት ነው	s on A-braman	
CFNA	s 4, 10g 4/19 10 2 ft. V / 1944	ourt de Processant de Propie de La Carlo de La Carlo de La Carlo de La Carlo de Carlo de Carlo de Carlo de Car	Last 4 digits of account number	\$	200.0
Nonpriority Creditor's Name PO BOX 81315			When was the debt incurred?		
Number Street CLEVELAND	OH	44181	As of the date you file, the claim is: Check all that apply.		
City	State	ZIP Code	Contingent Unliquidated		
Who incurred the debt? Check one.	,	•	☐ Disputed		
Debtor 1 only Debtor 2 only			Type of NONPRIORITY unsecured claim:		
Debtor 1 and Debtor 2 only At least one of the debtors and another			Student loans		
Check if this claim is for a commu	nity debt		Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
Is the claim subject to offset?	4		Debts to pension or profit-sharing plans, and other similar debts Other. Specify		
□ No □ Yes	•				
	ika angrapisk er folktifer einem i	ettes et till die entreller in the density ever venktimeter einen e.	መርያ መስተኛው ዘር ጀርኒ ለሚቀት ለትል አቀት ርዕገጥ በአስተና ነገር መንግር አለቀመስ ከተም የከፈጠቀሰም የመቅምስተኛ ምስምስ ለዘመው የመንስ መንስ የመንስ ነገር የመንስ ነላ አስተና ነገር መንስ ነገር የመንስ ነገር መንስ	_{\$} 10	.000.
DREW ECKL FARNHAM Nonpriority Creditor's Name			Last 4 digits of account number	-	
235 PEACHTREE ST NE			When was the debt incurred?		
Number Street ATLANTA	GA	30303	As of the date you file, the claim is: Check all that apply.		
City	State	ZIP Code	Contingent Unliquidated		
Who incurred the debt? Check one.		•	Cl Disputed		
☐ Debtor 1 only ☐ Debtor 2 only			Type of NONPRIORITY unsecured claim:		
☐ Debtor 1 and Debtor 2 only			Student loans		
At least one of the debtors and another			Obligations arising out of a separation agreement or divorce that you did not report as priority claims		
Check if this claim is for a commu	nity debt		Debts to pension or profit-sharing plans, and other similar debts		
Is the claim subject to offset?			Other. Specify		

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Debtor 1

First Name

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Part 4:

Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. § 159. Add the amounts for each type of unsecured claim.

			Total claim	
Total claims	6a. Domestic support obligations	6a.	\$	0.00
from Part 1	6b. Taxes and certain other debts you owe the government	6þ.	\$	0.00
	6c. Claims for death or personal injury while you were intoxicated	6c.	\$	0.00
	6d. Other. Add all other priority unsecured claims. Write that amount here.	6d.	-+ _{\$}	0.00
	6e. Total. Add lines 6a through 6d.	6e.	\$	0.00
			Total claim	
Total claims	6f. Student loans	6f.	\$	0.00
from Part 2	6g. Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$	0.00
	6h. Debts to pension or profit-sharing plans, and other similar debts	6h.	\$	0.00
	Other. Add all other nonpriority unsecured claims. Write that amount here.	6i.	- -	34,538.00
	6j. Total. Add lines 6f through 6i.	6j.	\$	34,538.00

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Fill	in this in	formation to ide	ntify your case:			,	
Deb	tor	BRITTNY		ROBINSON			
	otor 2	First Name	Middle Name	Last Name			,
	use If filing)	First Name	Middle Name	Last Name	<u>-</u>		
Unit	ed States	Bankruptcy Court fo	r the: Northern District	of Georgia	\forall		
	e number nown)						☐ Check if this is an amended filing
Off	icial F	Form 1060	<u>) </u>				
Sc	hed	ule G: Ex	cecutory C	ontracts	and Un	expired Leases	12/15
infor addif 1.	mation. Intional particular parti	If more space is ges, write your remaye any execute the box and Fill in all of the interactly each pers, rent, vehicle less	needed, copy the action and case number or contracts or une difficult this form with the formation below even on or company with	Iditional page, fill it oer (if known). Expired leases? The court with your other if the contracts or lead to the contracts of the contracts or lead to the contracts or	out, number to schedules. Y ases are listed to contract or	, both are equally responsible for supp he entries, and attach it to this page. Of You have nothing else to report on this form on Schedule A/B: Property (Official Form lease. Then state what each contract of instruction booklet for more examples of	on the top of any n. 106A/B). I lease is for (for
	unexpire	d leases.					
5. ³⁴							
i	Person o	or company with	whom you have the	contract or lease	•	State what the contract or lease is fo	or
2.1							•
	Name	. <u></u>					
	Number	Street					
	Number	30000					
 	City	rocke sku sa sa usa na aka ata ata ata	State ZIP Co.	de	enter en	2004/ walants mismin en norskalin et sy Mishikikik Kantomininkikatak nisak dalah a sahikik 1914 kin Kankominik (1916)	sse Magazanna (1964), i na dh'hannagan, i dae 'n gabh Garagan, i gabh
2.2							
	Name						
	Number	Street		<u></u>			
				· · · · · · · · · · · · · · · · · · ·			
2 3	City	ream as some services and a service of the feet for the	State ZIP Cod	de Paragraphica de la companya de la c Paragraphica de la companya de la c	and the second of mark	THE CONTRACTOR OF THE CONTRACT	eng vandamen (1994), ng signing against en an ann a - 173 et 1920 e - 1
2.0	Name						
	Hame						
	Number	Street			·		
	City		State ZIP Cod	de			
2.4	- mass tree cons	ecition is installed to the source of the source	A CONTRACTOR OF A CONTRACTOR O	TO A STATE OF THE	Ch. Street, Lidder Christian Library 1071 R		and the second s
	Name						
	Niver b = =	Ctroat					
	Number	Street			•		
na anzesta	City	eger makes see sample resources seek self-seek self-seek self-seek self-seek self-seek self-seek self-seek self-seek	State ZIP Cod	de	. ore posteronous	ን የተያገፉ መንስ የተመሰነበት የመቀር የመቀር መንስ የመቀር የመስከት br>የመስከት የመንስ የመስከት የመስ	Mildred were accepted toward and indicated by the con-
2.5							•
	Name				- -		
	Number	Street					

State

ZIP Code

City

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	Petition Pa	ige 42 of 5	59	
Fill in this information to identify your case:			e	
Debtor 1 BRITTNY First Name Middle Name	ROBINSON Last Name			
Debtor 2 (Spouse, If filing) First Name Middle Name	Last Name		4	
United States Bankruptcy Court for the: Northern District of	Georgia	-		
Case number(If known)				☐ Check if this is an amended filing
Official Form 106H				
Schedule H: Your Codebto	rs			12/15
Codebtors are people or entities who are also liable are filing together, both are equally responsible for a land number the entries in the boxes on the left. Atta case number (if known). Answer every question.	supplying correct inf	ormation. If mo	re space is neede	d, copy the Additional Page, fill it out,

1. Do you have any codebtors? (If you are filing a joint case, do not list either spouse as a codebtor.) ✓ No ☐ Yes 2. Within the last 8 years, have you lived in a community property state or territory? (Community property states and territories include Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, and Wisconsin.) No. Go to line 3. Yes. Did your spouse, former spouse, or legal equivalent live with you at the time? Yes, In which community state or territory did you live? ______. Fill in the name and current address of that person. Name of your spouse, former spouse, or legal equivalent Number 3. In Column 1, list all of your codebtors. Do not include your spouse as a codebtor if your spouse is filing with you. List the person shown in line 2 again as a codebtor only if that person is a guarantor or cosigner. Make sure you have listed the creditor on Schedule D (Official Form 106D), Schedule E/F (Official Form 106E/F), or Schedule G (Official Form 106G). Use Schedule D, Schedule E/F, or Schedule G to fill out Column 2. Column 2: The creditor to whom you owe the debt Column 1: Your codebtor Check all schedules that apply: 3.1 ☐ Schedule D, line ____ Name ☐ Schedule E/F, line _____ Number ☐ Schedule G, line ____ City 3.2 ☐ Schedule D, line Name ☐ Schedule E/F, line ____ Number ☐ Schedule G, line City 3.3 ☐ Schedule D, line Name ☐ Schedule E/F, line ___ Number ☐ Schedule G, line

Official Form 106H Schedule H: Your Codebtors page 1 of_

Fill in this information to identify	your case:				
Debtor 1 BRITTNY	ROL	BINSON			
First Name Debtor 2	Middle Name L	ast Name	<u>_</u>		
Spouse, if filing) First Name		ast Name			
United States Bankruptcy Court for the: N	Northern District of Georgia	×		}	
Case number (If known)				Check if the	·
				-	ended filing blement showing postpetition chapter 13
					e as of the following date:
Official Form 106I				MM / D	D/ YYYY
Schedule I: You	ır İncome				12/15
upplying correct information. If you are separated and your spou sparate sheet to this form. On the	ise is not filing with you, do top of any additional page	o not include info	rmation	about your spor	rou, include information about your spous use. If more space is needed, attach a nown). Answer every question.
. Fill in your employment information.	•	Debtor 1			Debtor 2 or non-filling spouse
If you have more than one job,				<u></u>	
attach a separate page with information about additional	Employment status	Employed			Employed
employers.		☐ Not employe	ed		☐ Not employed
Include part-time, seasonal, or self-employed work.	0	ASSOCIATE			
Occupation may include student or homemaker, if it applies.	Occupation	<u> </u>			
	Employer's name	HOME DEPO	T		
	Employer's address				
	zmproyor o addroso	Number Street			Number Street
			 ,		
		ATLANTA	GA	\ \	
		City	State	ZIP Code	City State ZIP Code
	How long employed there	? 5 YEARS			5 YEARS
Part 2: Give Details About					
Estimate monthly income as of spouse unless you are separated If you or your non-filing spouse he below. If you need more space, a	ave more than one employer	, combine the info			rite \$0 in the space. Include your non-filing for that person on the lines
,				For Debtor 1	For Debtor 2 or
		- II B	*****************		non-filing spouse
 List monthly gross wages, sal deductions). If not paid monthly, 			2. \$	3,542.20	\$
3. Estimate and list monthly over	rtime pay.		3. +\$	0.00	+ \$
•		•			
4. Calculate gross income. Add li	ne 2 + line 3.		4. \$	3,542.20	\$

Official Form 106I Schedule I: Your Income page 1

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Debtor 1

RITTNY			ROBINSON
Ciant Mana	Middle Massa	Last Mana	

Case number (if known)

· · · · · · · · · · · · · · · · · · ·		Fo	r Debtor 1		or Debtor 2 or non-filing spouse			
Copy line 4 here	≯ 4.	\$_	3,542.20		\$			
5. List all payroll deductions:								
5a. Tax, Medicare, and Social Security deductions	5a.	\$_	665.58		\$			
5b. Mandatory contributions for retirement plans	5b.	\$_	_102.56		\$			
5c. Voluntary contributions for retirement plans	5c.	\$_	0.00		\$			
5d. Required repayments of retirement fund loans	5d.	\$_	0.00		\$			
5e. Insurance	5e.	\$_	334.42		\$			
5f. Domestic support obligations	5f.	\$_	0.00		\$	_		
5g. Union dues	5g.	\$_	0.00		\$	-		
5h. Other deductions. Specify:	5h.	+\$_	0.00	+	· \$	-		
6. Add the payroll deductions . Add lines 5a + 5b + 5c + 5d + 5e +5f + 5g + 5h.	6.	\$_	1,102.56		\$	-		
7. Calculate total monthly take-home pay. Subtract line 6 from line 4.	7.	\$_	2,439.64		\$	-		
8. List all other income regularly received:								
 Net income from rental property and from operating a business, profession, or farm 								
Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total		•	0.00		•			
monthly net income.	8a.	\$_	0.00		\$	-		
8b. Interest and dividends	8b.	\$_	0.00		\$	-		
 Family support payments that you, a non-filing spouse, or a dependent regularly receive 	ent							
Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.	8c.	\$_	0.00		\$			
8d. Unemployment compensation	8d.	\$_	0.00		\$	-		
8e. Social Security	8e.	\$_	0.00		\$	-		
8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistant that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:	nce 8f.	\$	0.00		\$			
		Ψ_		•	Ψ	-		
8g. Pension or retirement income	8g.	\$_	0.00		\$	-		
8h. Other monthly income. Specify:	8h.	+\$_	0.00		+\$	_		
9. Add all other income. Add lines 8a + 8b + 8c + 8d + 8e + 8f +8g + 8h.	9.	\$_	0.00		\$	_		
10. Calculate monthly income. Add line 7 + line 9.Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	10	. \$_	2,439.64	+	\$	_]=	\$	2,439.64
11. State all other regular contributions to the expenses that you list in Sche	dule .	J.						
Include contributions from an unmarried partner, members of your household, friends or relatives.	•	•			·			
Do not include any amounts already included in lines 2-10 or amounts that are				nses			•	0.00
Specify:						1. +	>	
12. Add the amount in the last column of line 10 to the amount in line 11. The Write that amount on the Summary of Your Assets and Liabilities and Certain S				•		2.		2,439.64
13. Do you expect an increase or decrease within the year after you file this	form'	?					HIOH	thly income
Yes. Explain:								

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Fill in this information to identify	your case:			
Debtor 1 BRITTNY	ROBINSON	Charle if this	. :a.	
First Name Debtor 2	Middle Name Last Name	Check if this		
(Sp. Jse, if filing) First Name	Middle Name Last Name	An ame	-	tpetition chapter 13
United States Bankruptcy Court for the:	Northern District of Georgia		es as of the followin	
Case number (If known)		MM / DD	/ YYYY	
Official Form 106J	,			
Schedule J: You	ur Expenses			12/15
information. If more space is needed (if known). Answer every question.		ng together, both are equally re . On the top of any additional p	esponsible for suppl ages, write your nar	ying correct ne and case number
	isenoia			A CALL STATE OF THE STATE OF TH
1. Is this a joint case?				
No. Go to line 2.Yes. Does Debtor 2 live in a s	separate household?			
☐ No ☐ Yes. Debtor 2 must fil	e Official Form 106J-2, Expenses for S	eparate Household of Debtor 2.		
Do you have dependents? Do not list Debtor 1 and	☐ No ✓ Yes. Fill out this information for	Dependent's relationship to Debtor 1 or Debtor 2	Dependent's age	Does dependent live with you?
Debtor 2.	each dependent			☐ No
Do not state the dependents' names.		SON	3	☑ Yes
		DAUGHTER	_ 1	□ No ·
				☑ Yes ☐ No
			-	☐ Yes
				☐ No
				☐ Yes
				☐ No ☐ Yes
Do your expenses include expenses of people other than yourself and your dependents?	☑ No ☐ Yes			— 103
	ing Monthly Expanses			an permanente servicio de la composicio de la composició de la composició de la composició de la composició de
Estimate your expenses as of you	r bankruptcy filing date unless you a nkruptcy is filed. If this is a supplem			
	n-cash government assistance if you		Your ext	anses
	d it on Schedule I: Your Income (Off expenses for your residence. Include			
any rent for the ground or lot.	expenses for your residence. Include	tilist mortgage payments and	4. \$	1,004.00
If not included in line 4:				0.00
4a. Real estate taxes			4a. \$	0.00
4b. Property, homeowner's, or			4b. \$	
4c. Home maintenance, repair,			4c. \$	0.00
4d. Homeowner's association of	or condominium dues		4d. \$	0.00

page 1

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Debtor 1 BRITTNY ROBINSON Case number (if known) Case number (if known)

		Your exp	enses
5. Additional mortgage payments for your residence, such as home equity loans	5.	\$	0.00
6. Utilities:			
6a. Electricity, heat, natural gas	6a.	\$	150.00
6b. Water, sewer, garbage collection	6b.	\$	75.00
6c. Telephone, cell phone, Internet, satellite, and cable services	6c.	\$	100.00
6d. Other. Specify:	6d,	\$	0.00
7. Food and housekeeping supplies	7.	\$	200.00
8. Childcare and children's education costs	8.	\$	25.00
9. Clothing, laundry, and dry cleaning	9.	\$	25.00
10. Personal care products and services	10.	\$	25.00
11. Medical and dental expenses	11.	\$	0.00
 Transportation. Include gas, maintenance, bus or train fare. Do not include car payments. 	12.	\$	150.00
.13. Entertainment, clubs, recreation, newspapers, magazines, and books	13.	\$	0.00
14. Charitable contributions and religious donations	14.	\$	0.00
15. Insurance.Do not include insurance deducted from your pay or included in lines 4 or 20.			
15a. Life insurance	15a.	\$	0.00
15b. Health insurance	15b.	\$	0.00
15c. Vehicle insurance	15c.	\$	108.64
15d. Other insurance. Specify:	15d.	\$	0.00
16. Taxes. Do not include taxes deducted from your pay or included in lines 4 or 20. Specify:	16.	\$	0.00
17. Installment or lease payments:			
17a. Car payments for Vehicle 1	17a.	\$	577.00
17b. Car payments for Vehicle 2	17b.	\$	0.00
17c, Other, Specify:	17c.	\$	0.00
17d. Other. Specify:	17d.	\$	0.00
18. Your payments of alimony, maintenance, and support that you did not report as deducted from your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106I).	18.	\$	0,00
Other payments you make to support others who do not live with you.			
Specify:	19.	\$	0.00
20. Other real property expenses not included in lines 4 or 5 of this form or on Schedule I: Your Inco	me.		
20a. Mortgages on other property	20a.	\$	0.00
20b. Real estate taxes	20b.	\$	0.00
20c. Property, homeowner's, or renter's insurance	20c.	\$	0.00
20d. Maintenance, repair, and upkeep expenses	20d.	\$	0.00
20e. Homeowner's association or condominium dues	20e.	\$	0,00

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Debtor 1	BRITTNY		ROBINSON	Case number (if known	n)		
	First Name	Middle Name	Last Name				
21. Othe	er. Specify:				21.	+\$	0.00
22. Calcu	ulate your mon	hly expenses.					
22a.	Add lines 4 thro	ıgh 21.			22a.	\$	2,439.64
22b.	Copy line 22 (mo	onthly expenses	or Debtor 2), if any, from Official Form 1	06J-2	22b.	\$	0.00
22c. ,	Add line 22a and	l 22b. The result	is your monthly expenses.		22c.	\$	2,439.64
2? Calcu	ilate your montl	nly net income.					
	-		nthly income) from Schedule I.		23a.	\$	2,439.64
23b.	Copy your mont	hly expenses fro	m line 22c above.		23b.	-\$	2,439.64
	•	onthly expenses ur monthly net inc	from your monthly income.		23c.	\$	0.00
	•		se in your expenses within the year a	•			
-	• •	•	aying for your car loan within the year or ease because of a modification to the ter				
☑ No	·						-
☐ Ye	es. Explain h	ere:					and the second

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Fill in this in	formation to identify	your case:		
Debtor 1	BRITTNY First Name	Middle Name	ROBINSON Last Name	
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name	
United States I	Bankruptcy Court for the:	Northern District of	Georgia	▼
Case number (If known)			 '	

Official Form 108

Statement of Intention for Individuals Filing Under Chapter 7

12/15

If you are an individual filing under chapter 7, you must fill out this form if:

- creditors have claims secured by your property, or
- you have leased personal property and the lease has not expired.

You must file this form with the court within 30 days after you file your bankruptcy petition or by the date set for the meeting of creditors, whichever is earlier, unless the court extends the time for cause. You must also send copies to the creditors and lessors you list on the form.

If two married people are filing together in a joint case, both are equally responsible for supplying correct information. Both debtors must sign and date the form.

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known).

Part 1: List Your Creditors Who Have Secured Claims

Identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?
Creditor's name: PENNYMAC	☐ Surrender the property.	□No
Description of 3920 AUGUSTINE PLACE property securing debt:	☐ Retain the property and redeem it. ☐ Retain the property and enter into a Reaffirmation Agreement. ☐ Retain the property and [explain]:	⊻ Yes
Creditor's name: SANTANDER	☐ Surrender the property. ☐ Retain the property and redeem it.	□ No ☑ Yes
Description of 2017 MERCEDES C300 property securing debt:	 ☑ Retain the property and redeem in. ☑ Retain the property and enter into a Reaffirmation Agreement. ☑ Retain the property and [explain]: 	e i ies
Creditor's	☐ Surrender the property.	No
name: Description of property securing debt:	□ Retain the property and redeem it. □ Retain the property and enter into a Reaffirmation Agreement. □ Retain the property and [explain]:	Yes
Creditor's	☐ Surrender the property.	No
Description of property securing debt:	Retain the property and redeem it. Retain the property and enter into a Reaffirmation Agreement.	Yes

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Deblor 1

BRITTNY

ROBINSON

Last Name

Case number (If known)_

Describe your unexpired personal property leases	
	Will the lease be assumed?
essor's name:	□ No
Description of leased property:	Yes
Lessor's name:	□ No
Description of leased property:	Yes
Lessor's name:	□ No
Description of leased property:	☐ Yes
Lessor's name:	□ No □ Yes
Description of leased property:	T 163
Lessor's name:	□ No
Description of leased property:	Accounts and an account of the accou
Lessor's name:	□ No
Description of leased property:	Yes
Lessor's name:	□ No
Description of leased property:	Yes
rt 3: Sign Below	
Under denalty of perjury, I declare that I have indicated my intention about any property that is subject to an unexpired lease.	operty of my estate that secures a debt and any
: " x	
Signature of Debtor 1 Signature of Debtor 2	

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Fill in this	information to iden	tify your case:		
Debtor 1	BRITTNY	R(OBINSON	
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse, if filin	ng) First Name	Middle Name	Last Name	
United State	s Bankruptcy Court for	the: Northern District of 0	Georgia	Y
Case numbe	(If known)			

☐ Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information 12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

art 1: Summarize Your Assets	o de la composición del composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la composición de la compos
	Your assets Value of what you own
Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B	. \$0.00
1b. Copy line 62, Total personal property, from Schedule A/B	. \$4,300.00
1c. Copy line 63, Total of all property on Schedule A/B	\$4,300.00
art 2: Summarize Your Liabilities	·
	Your liabilities Amount you owe
Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	. \$ 191,653.00
Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	. \$0.00
3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	+ \$34,538.00
Your total liabilities	\$ 226,191.00
art 3: Summarize Your Income and Expenses	
Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	. \$2,439.64
Schedule J: Your Expenses (Official Form 106J)	s 2,439.64

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Debtor 1	BRITTNY First Name Middle Name	ROBINSON	Case number (if known)	
	FRSt Name	Last Name		
Part 4:	Answer These Question	ons for Administrative and Statistical Reco	rds	
€ Are y	ou filing for bankruptcy und	der Chapters 7, 11, or 13?		
O N		on this part of the form. Check this box and submit th	is form to the court with your othe	r schedules.
7. What	kind of debt do you have?	and the state of the state of the state of the state of the state of the state of the state of the state of the		
☑ Y	our debts are primarily con- amily, or household purpose."	sumer debts. Consumer debts are those "incurred by 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical pu	van individual primarily for a perso irposes. 28 U.S.C. § 159.	onal,
	our debts are not primarily his form to the court with your	consumer debts. You have nothing to report on this other schedules.	part of the form. Check this box a	nd submit
8. From Form	n the Statement of Your Cur. 1 122A-1 Line 11; OR, Form 1	rent Monthly Income: Copy your total current monthl 22B Line 11; OR , Form 122C-1 Line 14.	y income from Official	\$3,542.20
9. Copy	the following special categ	ories of claims from Part 4, line 6 of <i>Schedule E/F</i>	Total claim	
Fro	om Part 4 on <i>Schedule E/F</i> , o	copy the following:		
9a. D	Oomestic support obligations (Copy line 6a.)	\$0.00	
9b. T	axes and certain other debts	you owe the government. (Copy line 6b.)	\$0.00	
9c. C	Claims for death or personal in	jury while you were intoxicated. (Copy line 6c.)	\$0.00	
9d. S	Student loans. (Copy line 6f.)		\$0.00	
	Obligations arising out of a seporiority claims. (Copy line 6g.)	paration agreement or divorce that you did not report a	as <u>\$</u> 0.00	
9f. 🛭	Debts to pension or profit-shar	ing plans, and other similar debts. (Copy line 6h.)	+ \$ 0.00	7
9g. T	otal. Add lines 9a through 9f.		\$0.00	

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Fill in this in	formation to ider	ntify your case:	i	
Debtor 1	BRITTNY First Name	Middle Name	ROBINSON Last Name	
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name	
United States I	Bankruptcy Court for	the: Northern District of	of Georgia	\mathbf{T}
Case number (If known)				

Official Form 106Dec

Declaration About an Individual Debtor's Schedules

12/15

If two married people are filing together, both are equally responsible for supplying correct information.

You must file this form whenever you file bankruptcy schedules or amended schedules. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

	is NOT an attorney to help you fill out bankruptcy forms?
No	
Yes. Name of person	. Attach Bankruptcy Petition Preparer's Notice, Declaration, and
	Signature (Official Form 119).
der penalty of perjury, I declare that I ha	ve read the summary and schedules filed with this declaration and
der penalty of perjury, I declare that I ha It they are true and correct.	ve read the summary and schedules filed with this declaration and
nder penalty of perjury, I declare that I ha at they are true and correct.	ve read the summary and schedules filed with this declaration and
nder penalty of perjury, I declare that I ha	
nder penalty of perjury, I declare that I ha at they are true and correct.	ve read the summary and schedules filed with this declaration and

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Fill in thi	s information to ide	ntify your case:		Check one box only as directed in the
Debtor 1	BRITTNY		ROBINSON	Form 122A-1Supp:
DCDIO! 1	First Name	Middle Name	Last Name	1. There is no presumption of abuse
Debtor 2				
, , , ,	ing) First Name es Bankruptcy Court for	Middle Name the: Northern District of C	Last Name Georgia	2. The calculation to determine if a abuse applies will be made unde Means Test Calculation (Official
Case numb (If known)	er			3. The Means Test does not apply qualified military service but it co

Check one box only as directed in this form and in Form 122A-1Supp:
1. There is no presumption of abuse.
 2. The calculation to determine if a presumption of abuse applies will be made under Chapter 7 Means Test Calculation (Official Form 122A–2).
 3. The Means Test does not apply now because of qualified military service but it could apply later.

Check if this is an amended filing

Official Form 122A-1

Chapter 7 Statement of Your Current Monthly Income

04/20

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any aciditional pages, write your name and case number (if known). If you believe that you are exempted from a presumption of abuse because you do not have primarily consumer debts or because of qualifying military service, complete and file Statement of Exemption from Presumption of Abuse Under § 707(b)(2) (Official Form 122A-1Supp) with this form.

Part 1:	Calculate	Your	Current	Monthly	Income
---------	-----------	------	---------	---------	--------

			<u> </u>			
1.	1. What is your marital and filing status? Check one only.					
	Not married. Fill out Column A, lines 2-11.					
	☐ Married and your spouse is filing with you. Fill out both Columns A and B, lines 2-11.					
	☐ Married and your spouse is NOT filing with you. You and your spouse are:					
	Living in the same household and are not legally separated. Fill out both Colu	mns A and B, lines	2-11.			
	Living separately or are legally separated. Fill out Column A, lines 2-11; do not fill out Column B. By checking this box, you declare under penalty of perjury that you and your spouse are legally separated under nonbankruptcy law that applies or that you and your spouse are living apart for reasons that do not include evading the Means Test requirements. 11 U.S.C. § 707(b)(7)(B).					
	Fill in the average monthly income that you received from all sources, derived during the 6 full months before you file this bankruptcy case. 11 U.S.C. § 101(10A). For example, if you are filing on September 15, the 6-month period would be March 1 through August 31. If the amount of your monthly income varied during the 6 months, add the income for all 6 months and divide the total by 6. Fill in the result. Do not include any income amount more than once. For example, if both spouses own the same rental property, put the income from that property in one column only. If you have nothing to report for any line, write \$0 in the space.					
		Column A Debtor 1	Column B Debtor 2 or non-filing spouse			
2.	Your gross wages, salary, tips, bonuses, overtime, and commissions (before all payroll deductions).	\$ <u>3,542.4</u> 0	\$			
3.	Alimony and maintenance payments. Do not include payments from a spouse if Column B is filled in.	\$0.00	\$			
4.	All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Include regular contributions from a spouse only if Column B is not filled in. Do not include payments you listed on line 3.	\$0.00	\$			
5.	Net income from operating a business, profession, or farm					
	Gross receipts (before all deductions) \$\$					
	Ordinary and necessary operating expenses - \$ \$					
	Net monthly income from a business, profession, or farm \$_0.00 \$ Copy	\$0.00	\$			
6.	Net income from rental and other real property Gross receipts (before all deductions) Debtor 1 S Debtor 2 \$					
	Ordinary and necessary operating expenses - \$ \$					
	Net monthly income from rental or other real property \$_0.00 \$ Copy here	\$ <u>0.0</u> 0	\$			
7.	Interest, dividends, and royalties	\$ <u>0.0</u> 0	\$			

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btor 1	BRITTNY	ROBINSON	Case number (if known)	_
	First Name Middle Name	Last Name		_
			Column A Column B Debtor 1 Debtor 2 or non-filing spouse	
8. Une	mployment compensation		\$ 0.00 _{\$}	
und		ontend that the amount received was a benefit stead, list it here:	\ <u></u>	
	or your spouse	· _		
9. Pen ben not Unit disa pay doe	nsion or retirement income. efit under the Social Security include any compensation, pe ted States Government in cor ability, or death of a member of paid under chapter 61 of title s not exceed the amount of re	Do not include any amount received that was a Act. Also, except as stated in the next sentencension, pay, annuity, or allowance paid by the nection with a disability, combat-related injury of the uniformed services. If you received any result of the include that pay only to the extent the etired pay to which you would otherwise be entered to other than chapter 61 of that title.	ce, do or etired at it	
10. Inco not the Nati dise aga pay disa	ome from all other sources include any benefits received Federal law relating to the national Emergencies Act (50 U. ease 2019 (COVID-19); payminst humanity, or international, annuity, or allowance paid bability, combat-related injury o	not listed above. Specify the source and amo under the Social Security Act; payments made ational emergency declared by the President upon S.C. 1601 et seq.) with respect to the coronavents received as a victim of a war crime, a crimal or domestic terrorism; or compensation, pensity the United States Government in connection or disability, or death of a member of the uniform sources on a separate page and put the total business.	e under nder the virus ne ion, with a ned elow.	
			\$0.00 \$	
			<u>\$</u>	
То	tal amounts from separate pa	ages, if any.	+ \$0.00 + \$	
colu	umn. Then add the total for Co	onthly income. Add lines 2 through 10 for each olumn A to the total for Column B.	h \$ 3,542.40 + \$ = \$ 3,542. Total current monthly income	=
Part 2	Determine whether	the Means Test Applies to You		
12. Calc	-	income for the year. Follow these steps:	0.540	40
12a.	. Copy your total current mo	onthly income from line 11	South and the second	<u>.4</u> 0
	Multiply by 12 (the number	r of months in a year).	x 12	
12b.	. The result is your annual in	ncome for this part of the form.	12b. \$ <u>38,966</u>	<u>.4</u> 0
13. Cal	culate the median family in	come that applies to you. Follow these steps		
Fill	in the state in which you live.	Georgia		
Fill	in the number of people in yo	our household. 3		
To 1	find a list of applicable media	for your state and size of householdn income amounts, go online using the link spet tmay also be available at the bankruptcy clerk'	ecified in the separate	<u>.00</u>
14. Ho v	w do the lines compare?			
14a.		equal to line 13. On the top of page 1, check b Il out or file Official Form 122A-2	oox 1, There is no presumption of abuse.	
14b.	. ☐ Line 12b is more than lin Go to Part 3 and fill out		presumption of abuse is determined by Form 122A-2.	

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Debtor 1	BRITTNY First Name	Middle Name	Last Name	ROBINSON	Case number (if known)
Part 3:	Sign Bel	low			
	By signing	ere I declare u	nder penalty o	f perjury that the inforr	nation on this statement and in any attachments is true and correct.
	x /	My	K		*
	Signatur	e of Debtor 1			Signature of Debtor 2
	Date	M / DD / YYYY			Date MM / DD / YYYY
Garlingerer every account	lf you o	hecked line 14a,	do NOT fill ou	t or file Form 122A–2.	
	lf you c	hecked line 14h	fill out Form 4	22A–2 and file it with t	his form.

PENNYMAC LOAN SERVICES L PO BOX 514387 LOS ANGELES, CA 90051

SANTANDER PO BOX 660633 DALLAS, TX 75266

DELTA COMMUNITY CREDIT 3250 RIVERWOOD PARKWAY ATLANTA, GA 30339

DISCOVER BANK PO BOX15316 WILMINGTON, DE 19850-5316

CREDIT ONE BANK 6801 S. CIMARRON ROAD LAS VEGAS, NV 89113

CREDIT FIRST PO BOX 81315 CLEVELAND, OH 44181

SYNCB/AMERICAN SIGNATURE C/O PO BOX 965036 ORLANDO, FL 32896

BANK OF AMERICA PO BOX 982238 EL PASO, TX 79998

W.S.BADCOCK CORP. 200 NPHOSPHATE BV MULBERRY, FL 33860

SPRINT 6200 SPRINT PKWY OVERLAND PARK, KS 66251

DIVERSIFIED ADJUSTMENT SERVICE 600 COON RAPID BLVD COON RAPIDS, MN 55433

ALCOA BILLING CENTER 3429 REGAL DR ALCOA, TN 37701 TIRES PLUS PO BOX 81083 CLEVELAND, OH 44181

WINDHAM PROFESSIONALS 380 MAIN STREET SALEM, NH 03079

CFNA PO BOX 81315 CLEVELAND, OH 44181

PROFESSIONAL ACCOUNT MANAGEMENT 644 W, WISCONSIN AVENUE MILWAUKEE, WI 53202

DREW ECKL FARNHAM 235 PEACHTREE ST NE NORTH TOWER STE 1900 ATLANTA, GA 30303

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U. S. BANKRUPTCY COURT / NORTHERN DISTRICT OF GEORGIA / ATLANTA DIVISION RECEIPT #01265799 (RS) OF 10/07/2021

TOTAL:

AMOUNT BY

AMOUNT BY

\$ 0.00 Currency
\$ 0.00 Currency
\$ 0.00 Currency
\$ 0.00 Currency
\$ 0.00 Currency
\$ 0.00 Currency
\$ 0.00 Currency

FROM: Brittny Robinson
3920 Augustine Place

Rex, GA 30273

 Case 21-57519-bem
 Doc 1
 Filed 10/07/21
 Entered 10/07/21 11:29:11
 Desc

 Petition Page 59 of 59

 mber: 21-57519
 Name: Robinson
 Chapter: 7

Case Number: 21-57519

Chapter: 7

☑ Individual - Series 100 Forms	☐ Non-Individual - Series 200 Forms
MISSING DOCUMENTS DUE WITHIN 7 DAYS	Petition Deficiencies:
☐ Complete List of Creditors (names and addresses of all creditors)	☐ Last 4 digits of SSN
☐ Pro Se Affidavit (due within 7 days, signature must be notarized,	☐ Address ☐ County
or witnessed by a Court Intake Clerk, accompanied by a picture I.D.)	☐ Type of Debtor
☐ Signed Statement of SSN (due within 7 days)	☐ Chapter
NATIONAL DIO CALLANDO DALO MANTANALA DI ANG	☐ Nature of Debts
MISSING DOCUMENTS DUE WITHIN 14 DAYS	☐ Statistical Estimates
☐ Statement of Financial Affairs	☐ Venue
☐ Schedules: A/B C D E/F G H I J ☐ J-2 (different address for Debtor 2)	☐ Attorney Bar Number
☐ Summary of Assets and Liabilities	
☐ Declaration About Debtor(s) Schedules	Case filed via:
 □ Attorney Disclosure of Compensation □ Petition Preparer's Notice, Declaration and Signature (Form 119) 	☐ Intake Counter by:
☐ Disclosure of Compensation of Petition Preparer (Form 2800)	☐ Attorney
☐ Chapter 13 Current Monthly Income	☑ Debtor - verified ID 470-715-7597
☐ Chapter 7 Current Monthly Income	☐ Other - copy of ID:
☐ Chapter 11 Current Monthly Income	D Matted ton
☐ Certificate of Credit Counseling (<i>Individuals only</i>)	☐ Mailed by:
□ Pay Advices (Individuals only) (2 Months)	☐ Attorney ☐ Debtor
☐ Chapter 13 Plan, complete with signatures (local form)	☐ Other:
☐ Corporate Resolution (Business Ch. 7 & 11)	□ Other.
	☐ Email [Pursuant to General Order 45-2021, this
Ch.11 Business	petition was received for filing via email]
☐ 20 Largest Unsecured Creditors	
☐ List of Equity Security Holders	History of Case Association
☐ Small Business - Balance Sheet	Prior cases within 2 years: 20-71810
☐ Small Business - Statement of Operations	1/ 1/ h
☐ Small Business - Cash Flow Statement	Signature / MWV / L
☐ Small Business - Federal Tax Returns	Signature:
MYCCINC DOCUMENTS DUE WITHIN 20 DAYS	Newnowledgment of receipt hij beneficially Notice
MISSING DOCUMENTS DUE WITHIN 30 DAYS ☐ Statement of Intent – Ch. 7 (Individuals only)	
is statement of intent – Cit. 7 (Individuals only)	
Official and Local Bankruptcy Forms are available on the Court's w	ehsite at: www.ganh uscourts gov. If filing hankruntcy withou
torney, please read the information regarding Filing Bankruptcy without an	
ithout-attorney.	
ILING FEE INFORMATION - if the required filing fees are not paid in fighting Payment for Filing Fee https://www.ganb.uscourts.gov/online-paym	
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_	ting 10-day (initial payment of \$\frac{78.00}{}\] due within 10 da
2d-Order Denying with filing fee of \$ due within 10 day	s ☐ IFP filed (Ch.7 Individuals Only)
No Application to Pay in Installments, Order Regarding Unpaid	Case Filing Fee.
You may mail documents and filing fee payments (no personal checks a	
All fee payments and documents filed with the Court mus **Failure to Comply may result in the	
UNITED STATES BANKR	
75 Ted Turner Drive, SW	7, Room 1340
Atlanta, Georgia : 404-215-100	
	·
ntake Clerk: R.Smith Date: 10/7/21 Case	Opener: Date: